State of Utah
Utah Division of Air Quality
Asbestos Program
195 North 1950 West, 4th Floor
Salt Lake City, Utah 84116

Asbestos Training Notification

Important: The training program manager may complete this sample form or similar form when notifying the Utah Division of Air Quality Asbestos Program. This form must be submitted to the Utah Division of Air Quality at least ten working days before the first day of the course. **Please type or print responses in black or blue ink only.**

A. Type of Notification

(Choose one)

☐ Original ☐ Updated ☐ Cancellation

B. Description of Training

Course Discipline:
(Choose one)

- ☐ Worker
- ☐ Supervisor
- ☐ Inspector
- ☐ Management Planner
- ☐ Project Designer
- ☐ Renovator

Course Type:
(Choose one)

- ☐ Initial
- ☐ Refresher

Language Presented:
(Choose one)

- ☐ English
- ☐ Spanish
- ☐ Other_____

Date(s) Month/Day/Year	**Start Time**	**End Time**
	☐am ☐pm	☐am ☐pm
	☐am ☐pm	☐am ☐pm
	☐am ☐pm	☐am ☐pm
	☐am ☐pm	☐am ☐pm

Principal Instructor: _____

Training Location Name (if applicable): _____

Training Location Address: _____
Street Address

_____
City State Zip Code

Training Location Telephone Number: _____

C. Training Program

Name: _____

Address: _____
Street Address City State Zip Code

Telephone Number: _____

D. Training Managers Information (Please note that this form is incomplete without a signature)

I hereby attest and affirm that the information included on this form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.

Name: _____ Signature: _____ Date: _____

For information on DAQ and other asbestos programs, see the website:
http://www.airquality.utah.gov/HAPS/asbestos/index.htm