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

Asbestos Post-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 no later than 30 working days following the course completion. **Please type or print responses in black or blue ink only.**

A. Type of Notification (Please indicate the type of notification)

☐ Original ☐ Updated

B. Training Program

Name: _____

Address: _____
Street Address City State Zip Code

Telephone Number: _____

C. Course Information

Discipline: ☐ Worker ☐ Supervisor ☐ Inspector ☐ Management Planner ☐ Project Designer

Type: ☐ Initial ☐ Refresher

Training Dates From: _____ To: _____
Month/Day/Year Month/Day/Year

Training Location Address: _____
Street Address

_____
City State Zip Code

D. Student Information (Attach additional paper if necessary)

Name	Picture ID #	Course Certificate #

E. 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, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this notification, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

Name: _____ Signature: _____ Date: _____

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

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