



FOR OFFICIAL USE ONLY Date Received: _____ Rec. Number: _____ Comments: _____
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TRAINING NOTIFICATION for Lead-Based Paint Activities

Please type or print responses in black or blue ink.

A. Type of Notification
(choose one)

<input type="checkbox"/> Original	<input type="checkbox"/> Updated	<input type="checkbox"/> Cancellation
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B. Description of Training

Course Discipline:
(choose one)

<input type="checkbox"/> Worker
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Inspector
<input type="checkbox"/> Risk Assessor
<input type="checkbox"/> Project Designer

Course Type:
(choose one)

<input type="checkbox"/> Initial
<input type="checkbox"/> Refresher

Language Presented:
(choose one)

<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other: _____

(Enclose additional sheets if necessary.)

Date(s) Month/Day/Year	Start Time	End Time
	<input type="checkbox"/> AM/ <input type="checkbox"/> PM	<input type="checkbox"/> AM/ <input type="checkbox"/> PM
	<input type="checkbox"/> AM/ <input type="checkbox"/> PM	<input type="checkbox"/> AM/ <input type="checkbox"/> PM

Principal Instructor: _____

Training Location Name (if applicable): _____

Training Location Address: _____
Street Address

City State Zip Code

Training Location Phone Number: (____) _____

C. Training Program

Name: _____ Accreditation Number: _____

Address: _____
Street Address City State Zip Code

Phone Number: (____) _____

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

I hereby attest and affirm that the information included on this notification 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 Signed _____

SEND TO: STATE DEPARTMENT OF HEALTH
 INDOOR AND RADIOLOGICAL HEALTH BRANCH
 LEAD-BASED PAINT SECTION
 591 ALA MOANA BOULEVARD, #133
 HONOLULU, HI 96813
 PHONE (808) 586-5800 FAX (808) 586-5811