



FOR OFFICIAL USE ONLY
 Date Received: _____
 Rec. Number: _____
 Comments: _____

POST-TRAINING NOTIFICATION for Lead-Based Paint Activities

Please type or print responses in black or blue ink.

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

B. Training Program

Name: _____ Accreditation Number _____

Address: _____
Street Address City State Zip Code

Phone Number: (____) _____

C. Course Information

Discipline: Worker Supervisor Inspector Risk Assessor 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	Address	Date of Birth	Course Certification #	Course Test Score

E. 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