



State of Utah

Department of Environmental Quality
 Division of Air Quality
 ATLAS Section
 195 North 1950 West, 4th Floor
 P.O. Box 144820
 Salt Lake City, Utah 84114-4820

asbestos@utah.gov

For Official Use Only

Postmark Date: _____ Initials: _____

Check #/Credit Card Amount: _____

ASBESTOS TRAINING NOTIFICATION

Important: The training program manager may complete this sample form or similar form when notifying the Utah Division of Air Quality (DAQ) Asbestos Program. This form must be submitted to the DAQ ten working days prior to the first day of the course.

A. Type of Notification

(Choose one)

Original Updated Cancellation

B. Description of Training

Discipline

(Choose one)

Worker
 Supervisor
 Inspector
 Management Planner
 Project Designer

Type:

Initial
 Refresher

Language Presented:

English
 Spanish
 Other

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
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

Principal Instructor: _____

Training Location Name (if applicable): _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____ Email: _____

C: Training Program

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____ Email: _____

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: _____