



# State of Utah

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

[asbestos@utah.gov](mailto:asbestos@utah.gov)

For Official Use Only

Postmark Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Check #/Credit Card Amount: \_\_\_\_\_

## ASBESTOS TRAINING NOTIFICATION

**A. Type of Notification:** ☐ 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
	<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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### C. Training Course Provider

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **D. Training Managers Information**

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.

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Training Manager's Signature

Date Signed

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Training Manger's Printed Name

Title

#### **General Instructions**

This form must be completely filled out and returned to the DAQ at least ten working days before starting the training course. This form can be emailed to [asbestos@utah.gov](mailto:asbestos@utah.gov)

**If you use this form's PDF fillable capability, please remember to save it to your desktop before closing or all information will be lost.**