SENT OF ENVIRONA	State of Utah	For Official Use Only
AIR QUALITY	Department of Environmental Quality Division of Air Quality ATLAS Section 195 North 1950 West, 4 th Floor P.O. Box 144820 Salt Lake City, Utah 84114-4820	Postmark Date: Initials: Check #/Credit Card Amount:
	asbestos@utah.gov	
	ASBESTOS POST-TRAINING	NOTIFICATION

A.	Type of Notification:	Original	Updated
	J I	- 0	

B. Training Course Provider				
CompanyName:				
Address:				
City:		State:		Zip Code:
Phone Number:	Email: _			
C. Description of Training: Trainin	g Date(s)			
Discipline	Type:	InitialRefresher	Language Presented:	 English Spanish Other

□ Other

D. Student Information (attach additional paper if necessary)

☐ Management Planner Project Designer

□ Inspector

(Choose one)

Name	Address	Date of Birth	Course Cert. #	Photo Included

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.

Training Manager's Signature

Training Manger's Printed Name

General Instructions

This Form must be completely filled out and returned to the DAQ within 30 working days of successful completion. This form can be emailed to 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.

Photos need to be emailed to <u>asbestos@utah.gov</u> as jpg or jpeg files.

Title

Date Signed