



# 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

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

## For Official Use Only

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

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

## POST LBP-TRAINING NOTIFICATION

Important: The training program manager may complete this sample form or similar form when notifying the Utah Division of Air Quality Lead-Based Paint Program. This form must be submitted to the Utah Division of Air Quality no later than ten working days following the course completion.

### A. Type of Notification (Choose one)

☐ Original ☐ Updated

### B: Training Program

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

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

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### C. Description of Training

Course Discipline:  
(Choose one)

- ☐ Worker
- ☐ Supervisor
- ☐ Inspector
- ☐ Risk Assessor
- ☐ Project Designer
- ☐ Renovator
- ☐ Dust Sampling Technician

Course Type:  
(Choose one)

- ☐ Initial
- ☐ Refresher

Language Presented:  
(Choose one)

- ☐ English
- ☐ Spanish
- ☐ Other \_\_\_\_\_

Training Dates From: \_\_\_\_\_ to \_\_\_\_\_

Training Location Address: \_\_\_\_\_

### C. Student Information (Attach additional paper if necessary)

Name	Address	Date of Birth	Course Cert. #	Course Test Score	Photo Included*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

### 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: \_\_\_\_\_

\*A photo of each student is required for Renovator and Dust Sampling Technician courses. Please see [www.epa.gov/lead/pubs/trainerinstructions.htm](http://www.epa.gov/lead/pubs/trainerinstructions.htm) for photo specifications

For information on DAQ and other lead programs, see the web site: [leadpaint.utah.gov](http://leadpaint.utah.gov)

