



State of Utah

Utah Division of Air Quality
Lead-Based Paint Program
195 North 1950 West, 4th Floor
Salt Lake City, Utah 84116

Utah Lead-Based Paint Certification Courses

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 seven working days prior to the first day of the course. **Please type or print responses in black or blue ink only.**

A. Type of Notification

(Choose one)

<input type="checkbox"/> Original	<input type="checkbox"/> Updated	<input type="checkbox"/> Cancellation
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B. Description of Training

Course Discipline:

(Choose one)

<input type="checkbox"/> Worker
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Inspector
<input type="checkbox"/> Risk Assessor
<input type="checkbox"/> Project Designer
<input type="checkbox"/> Renovator
<input type="checkbox"/> Dust Sampling Technician

Course Type:

(Choose one)

<input type="checkbox"/> Initial
<input type="checkbox"/> Refresher

Language Presented:

(Choose one)

<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> 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

Principal Instructor: _____

Training Location Name (if applicable): _____

Training Location Address: _____
Street Address

City State Zip Code

Training Location Telephone Number: _____

C. Training Program

Name: _____

Address: _____
Street Address City State Zip Code

Telephone Number: _____

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: _____