

## **Post-Training Notification**

**Important:** The training program manager may complete this sample form or similar form when notifying the EPA. Consult the *Instructions for Notifying the EPA of Lead-Based Paint Abatement Activities and Renovation Courses* when preparing post-training notification. **Please type or print responses in black or blue ink only.** 

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B. Training Program  Name:  Address: Street Address			Accreditation Number:				
			City		State	Zip Code	
Phone Number:							
C. Course Info	ormation						
Discipline:	Worker Renovator	Supervisor Dust Sampling T	•	or Risk Assessor		Project Designer	
Type:	Initial	Refresher					
Training Dates:	from Month/Day/Year	to Month/Day/Ye					
Training Locatio	n Address: Street Ad						
City			State		Zip Code		
D. Student Inf	ormation (Attach	additional paper if nece	essary)	15.		-	l si
Name	Addres	s		Date of Birth	Course Certificate #	Course Test Score	Photo Included*

Please see www.epa.gov/lead/pubs/trainerinstructions.htm for photo specifications. The photos should be sent on a CD along with this form.

<sup>\*</sup>A photo of each student is required for Renovator and Dust Sampling Technician courses.