

## **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 training notification. **Please type or print responses in black or blue ink only.** 

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A. Type of Notification (Choose one)		Orig	inal Upd	ated	Cancellation					
B. Description of 1	raining	ı								
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		
Date(s) Month/Day/Year		Start Time				End Time				
			am	/	pm		am	/	pm	
			am	/	pm		am	/	pm	
			am	/	pm		am	/	pm	
			am	/	pm		am	/	pm	
Principal Instructor:										
Training Location Nam	ne (if app	licable):								
Training Location Add	ress: Stre	et Address								
	City			State			Zip Code			
Training Location Pho	ne Numb	oer:								
C. Training Progra	m									
Name:					Accreditation Number:					
Address:					0;		0		7: 0 1	
Phone Number:					City		State		Zip Code	
D. Training Manage hereby attest and affi knowledge. I acknowle was based on incorrec	irm that t edge tha	he information	on included on the	nis no ursu:	otification form	n is true and ification wil	l accurate to the	revoca		
Name	Signature_					Date Signed				

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0195). Responses to this collection of information are mandatory (40 CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.2 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden including through the use of automated collection techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility for certification to conduct lead-based paint activities and renovations in target housing and childoccupied facilities. Disclosure of this information is voluntary; however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf: to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility: an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.