



# Notification of Lead-Based Paint Course Completion

This form must be completed and submitted a minimum of 10 business days following completion of any Lead-Based Paint or Renovator course in order to comply with the notification requirements of OAC 252:110-5-1.

## Training Provider Information

Accredited Training Provider	Accreditation #	( )	Telephone #
Training Provider Address	City	State	Zip

## LBP Course Information

Course Type (mark one):            Initial                             Refresher

Course Discipline (mark one): Inspector  Risk Assessor  Supervisor  Abatement Worker  Renovator

Training Start Date: \_\_\_\_\_ Training Stop Date: \_\_\_\_\_

## Student Information

1. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
8. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_
9. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Test Score: \_\_\_\_\_

10.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
11.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
12.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
13.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
14.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
15.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
16.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
17.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
18.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
19.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____
20.	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Test Score: _____

### Statement of Understanding

I hereby certify under penalty of law that this notification and any attachments contain neither willful nor negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in revocation or suspension of any LBP or Renovator certification as well as civil and/or criminal sanctions.

**Training Manager's Name (printed)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

\*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. The photos should be sent in a digital format along with this form.

DEQ Office Use Only	
Date Rec'd: _____	Notification #: _____