



Notification of Lead-Based Paint Course

This form must be completed and submitted a minimum of 7 business days prior to start of any Lead-Based Paint or Renovator course in order to comply with the notification requirements of OAC 252:110-5-1.

Accreditation Number _____

Training Provider Information

_____	_____	(____) _____
Accredited Training Provider	Email	Telephone #
_____	_____	_____
Training Provider Mailing Address	City	State Zip

Would you like this course notification to be publicly posted? Yes No

LBP Course Information

Course Type (mark one): Initial Refresher

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

Training Start Date: _____ Training End Date: _____

Training Start Time: _____ Training End Time: _____

Training Location

Address _____ City _____ State _____ Zip _____

Principal Instructor _____ Telephone #(____) _____

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 certification as well as civil and/or criminal sanctions.

Training Manager's Name (printed) _____

Signature _____ **Date** _____

Title _____

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