



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

Accreditation # _____

Accredited Training Provider _____ Email _____ Telephone # _____ (____) _____

Training Provider Mailing Address _____ City _____ State _____ Zip Code _____

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: _____
Principle Instructor: First Name: _____ Last Name: _____

Student Information

1. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____
2. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____
3. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____
4. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____
5. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____
6. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Certificate Number: _____ Exam Score: _____

Student Information Continued

7.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam Score: _____
8.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam Score: _____
9.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam Score: _____
10.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam Score: _____
11.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam Score: _____
12.	Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Certificate Number: _____ Exam 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. Photos should be submitted in a digital format using either a Flash drive or by sending high resolution paper copies to the DEQ. Save the images using the last name then first name of the student followed by the class date (for example: Doe_John_01-10-2021.jpg) .
Please do not email the information to DEQ.

DEQ Office Use Only

Date Rec'd: _____ Notification #: _____