

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.**

B. Training Program Name:	Accreditation Number:					
Address: Street Address		City S		state Zip Code		
Phone Number:						
C. Course Informat Discipline: Work Rend Type: Initia	xer ☐ Supervisor ☐ Inspervisor ☐ Dust Sampling Technician	ctor □ Ris	k Assessor	☐ Project	Designer	
Training Dates: from	totonth/Day/Year Month/Day/Year	_				
	ess: Street Address					
	City	State		Zip Code		
Name	Address	Date of Birth	Course Certificate #	Course Test Score	Photo Included*	Certification expiration**
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Please see www.epa.gov/lead/pubs/trainerinstructions.htm for photo specifications. The photos should be sent on a CD along with this form.

^{**}The certification expiration date is required for Renovator initial and refresher trainings.