

**Georgia Department of Natural Resources
EPD Asbestos Program
Initial/Renewal
Application for Contractor/Supervisor Training Program**

Remit completed application and supporting documentation to:

EPD Asbestos Program
ATTN: Maggie Williams
4244 International Parkway, Suite 104
Atlanta, Georgia 30354

1. Applicability

After April 1, 1996, persons responsible for conducting asbestos abatement training and examination shall submit adequate documentation of the course content and coverage, as well as examination practices to enable the Director to determine that the course meets the requirements of this rule. Approval will be granted by a letter from the Director, with any conditions or term limits deemed appropriate by the Director. Refer to Georgia EPD Rule 391-3-14 for detailed information on course requirements.

2. Asbestos Training Program Information

Name of Training Program		
Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	
Contact Person		
E-Mail Address		
Application Type:	Initial Application <input type="checkbox"/>	Course Offerings (choose both if appropriate): Initial Course <input type="checkbox"/>
	Renewal Application <input type="checkbox"/>	Refresher Course <input type="checkbox"/>

3. Training Course Materials

The materials listed below must accompany this completed application form. Please check each item according to application type to indicate enclosure:

Materials to Accompany Initial Application:	Materials to Accompany Renewal Application:
<input type="checkbox"/> Course Schedule	<input type="checkbox"/> Current Course Schedule
<input type="checkbox"/> Student Notebook	<input type="checkbox"/> Current Student Notebook
<input type="checkbox"/> Additional Class Materials (handouts, etc.)	<input type="checkbox"/> Current Additional Class Materials (handouts, etc.)
<input type="checkbox"/> Description of Hands-On Workshops	<input type="checkbox"/> Current Exam Copy with Exam Key
<input type="checkbox"/> Exam Copy with Exam Key	<input type="checkbox"/> List of Asbestos Course Offered During Last Three Years
<input type="checkbox"/> Course Evaluation Form	<input type="checkbox"/> Updated Course Director Resume and Training Certificates
<input type="checkbox"/> Example of Course Training Certificate	<input type="checkbox"/> Updated Principal Instructors Resume and Training Certificates
<input type="checkbox"/> Copies of Other Approvals (EPA, Other States)	
<input type="checkbox"/> Resume of Course Director	
<input type="checkbox"/> Copies of Certificates from All Asbestos Courses Attended by Course Director	
<input type="checkbox"/> Resume of Principal Instructor(s)	
<input type="checkbox"/> Copies of Certificates from All Asbestos Courses Attended by Principal Instructor(s)	

5. Course Director Verification of Information

I, _____, Course Director for _____, hereby certify under penalty of law that I have personally examined and evaluated for compliance and authenticity all information and attached documents submitted as a part of this application as Course Director for this training program. Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. The submitted information is true, accurate, and complete.

Signature of Training Manager

Date