



COLORADO ASBESTOS COURSE NOTIFICATION FORM

Submit form to:
Colorado Dept. of Public Health and Environment
APCD-SS-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

This form is intended for notification and cancellation of asbestos courses by the course provider to the State of Colorado. It also serves acknowledgment and approval of the course by the Air Pollution Control Division, Colorado Department of Public Health and Environment. As stated in section II.B.4.c. of Regulation No. 8, a course notification must be received by the Division at least two weeks prior to the start of the course. Within two days of receipt, the course provider will be issued a written acknowledgment/approval of the course offering from the Division. Immediately contact the Division if an acknowledgment/approval has not been received.

I. Course and Provider Information:

Provider Name: _____

Course Location: _____

Phone Number: _____ Fax: _____

Contact Person: _____

II. Type of Notification:

Notification of the following course

Cancellation of the following course

III. Class type: (Limit one form per class)

- | | | | | |
|--|----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input checked="" type="checkbox"/> English | <input checked="" type="checkbox"/> Spanish |
| <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input checked="" type="checkbox"/> English | <input checked="" type="checkbox"/> Spanish |
| <input type="checkbox"/> Management Planner | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input checked="" type="checkbox"/> English | <input checked="" type="checkbox"/> Spanish |
| <input type="checkbox"/> Project Designer | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input checked="" type="checkbox"/> English | <input checked="" type="checkbox"/> Spanish |
| <input type="checkbox"/> Air Monitoring Specialist (AMS) | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | <input checked="" type="checkbox"/> English | <input checked="" type="checkbox"/> Spanish |

IV. Class Date(s) and Times:

Dates From: _____ To: _____

Times From: _____ am / pm To: _____ am / pm

V. Instructor(s): (Use additional sheets if necessary)

Course Instructor(s): _____ Colorado Certification Number: _____ Expiration Date _____

For CDPH&E Use Only

This course is: Approved Denied

Notice of Cancellation Received

Air Pollution Control Division Representative

Date