

Check one as applicable:

____ Submittal with "Application Asbestos
Training Course Approval"
____ Addition of New Instructor

NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM
INSTRUCTOR'S APPLICATION FORM
(Please print or type!)

PART I. PERSONAL DATA

Name: _____
(Last) (First) (Middle)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

U.S. Citizen (Y/N): _____

Training Provider: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PART II. TRAINING COURSE AND TOPICS TO BE TAUGHT

Training Course Discipline(s), Type and Language (e.g., Worker Initial Spanish, Worker Refresher):

Topic(s) to be taught by instructor in course(s) named above: _____

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PART III. EDUCATION

List in chronological order beginning with high school.
Include GED if applicable. **Attach a photocopy of diploma or transcript.**

Name and Location of Institution	Dates Attended From: To:	Graduated? (Yes/No)	Degree Received	Major/Minor

PART IV. TRAINING

List relevant training completed which would qualify you to instruct the topic(s) listed in PART II. (e.g. asbestos, health & safety courses). **Attach a photocopy of each training certificate.** Attach additional sheets if necessary.

Title of Course	Date(s) Attended	Location (city/state)	Training Provider

PART V. WORK EXPERIENCE

A. EMPLOYMENT HISTORY

List your work experience starting with the current or last employer.
Attach an additional sheet if necessary.

Employer:

Address:

Job Title:

Supervisor:

Telephone:

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Dates Employed: (From) _____ (To) If not employed full-time, number of years/months: _____

Describe major duties and responsibilities in order of their importance in the job: _____

Employer: _____

Address: _____

Job Title: _____

Supervisor: _____

Telephone: _____

Dates Employed: (From) _____ (To) If not employed full-time, number of years/months: _____

Describe major duties and responsibilities in order of their importance in the job: _____

B. FIELD EXPERIENCE HISTORY

List projects that can provide documentation of work hours within a contained area, or list topics and/or courses taught to document hours of teaching experience for applicable courses. **See Instructor Qualifications Criteria (NC AHMP Rule .0608) for amount of hours that need documentation and applicable experience and courses. Attach additional sheet(s) if necessary.**

Project or Course: _____

Company: _____

Address/Location: _____

Supervisor: _____

Telephone: _____

Dates: (From) _____

(To) _____

Hours: _____

Describe major duties and responsibilities: _____

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B. FIELD EXPERIENCE HISTORY (Cont.)

Project or Course: _____ Company: _____

Address/Location: _____ Supervisor: _____ Telephone: _____

Dates: (From) _____ (To) _____ Hours: _____

Describe major duties and responsibilities: _____

PART VI. STATE-ISSUED ASBESTOS ACCREDITATIONS OR LICENSES CURRENTLY HELD

Discipline: _____ State: _____ No. _____ Expiration Date: _____

Discipline: _____ State: _____ No. _____ Expiration Date: _____

Discipline: _____ State: _____ No. _____ Expiration Date: _____

Discipline: _____ State: _____ No. _____ Expiration Date: _____

Discipline: _____ State: _____ No. _____ Expiration Date: _____

PART VII. PROFESSIONAL REGISTRATIONS

List field(s) of work for which you have been registered.

Registration: _____ State: _____ No: _____

Registration: _____ State: _____ No: _____

PART VIII. SUBMITTALS TO EPA OR OTHER STATES

List the EPA Region(s) or State(s) to whom/which your qualifications have been previously submitted as an asbestos training instructor and specify for which course(s) and topic(s) your qualifications were submitted.

EPA Region/State: _____ Course(s): _____ Topic(s): _____

EPA Region/State: _____ Course(s): _____ Topic(s): _____

EPA Region/State: _____ Course(s): _____ Topic(s): _____

EPA Region/State: _____ Course(s): _____ Topic(s): _____

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PART IX. CERTIFICATION

I certify that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.

Signature of Instructor: _____ **Date:** _____
(Unsigned form will not be reviewed)

****DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT USE ONLY****

Approving Signature _____ Date _____