

## APPLICATION FOR ASBESTOS TRAINING COURSE RENEWAL

TRAINING PROVIDER NAME:			
STREET ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
CONTACT'S NAME & TITLE:			
PHONE NUMBER:			
TRAINING COURSE TITLE:			
TRAINING COURSE LOCATIONS:			
COURSE WILL BE TAUGHT IN:    ( ) ENGLISH    ( ) SPANISH    ( ) OTHER			
DATE OF INITIAL APPROVAL:			
NAME OF INITIAL APPROVING AGENCY:			
COPIES OF UPDATED TRAINING CERTIFICATES MUST BE SUBMITTED FOR EACH APPROVED INSTRUCTOR. FOR NEW INSTRUCTORS ONLY, A COMPLETE INSTRUCTOR APPLICATION MUST BE SUBMITTED. LIST CURRENT INSTRUCTORS:			
IF ANY CHANGES IN THE COURSE HAVE OCCURRED SINCE INITIAL APPROVAL, ATTACH ADDITIONAL SHEETS DOCUMENTING THE CHANGES. CHANGES REQUIRING DOCUMENTATION INCLUDE THOSE OUTLINED IN THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM RULE 10A NCAC 41C .0603 (g)(3).			
THIS APPLICATION MUST BE SUBMITTED WITH A CHECK OR MONEY ORDER FOR \$200.00. CHECKS OR MONEY ORDERS MUST BE MADE PAYABLE TO NC DHHS - HEALTH HAZARDS CONTROL UNIT.			
I certify that the information contained herein and attached is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.			
PRINTED/TYPED NAME: _____ TITLE: _____			
SIGNATURE: _____ DATE: _____			
SUBMIT TO:    HEALTH HAZARDS CONTROL UNIT NC DHHS – DIVISION OF PUBLIC HEALTH1912 MAIL SERVICE CENTER RALEIGH, NC 27699-1912		HHCU Date Processed: _____ Check No. & Date: _____ HHCU Personnel: _____	