	Cancellation
- 1	Caricellation

## LEAD TRAINING COURSE NOTIFICATION \*\*PLEASE TYPE OR PRINT IN INK\*\*

Training Provider Na	Contact Name/Title  Telephone Number				-				
Address					Lead Abatement Training				
Address									
City	s	tate	Zip	_				F	Renovation, Repair, and Paintir
	Date(s) of Course		Course	Location*		Times			
Course Title	Start	Finish	Street Addres	ss City	State	Start	Finish	Language	ALL Instructors
#16 1 1' 1' CC	1 6						1:		
*If location is differer	it from prin	cipai iocati	on, piease attach	vicinity map snow	wing the e	xact loca	tion of tra	ining facility.	
	C .0805 and	LHMP-RR	P 10A NCAC 41C	.0904). Failure to	submit no				ent Program Rules (LHMP me period may result in the
Health Hazards Cont Dept of Health and H 1912 Mail Service Ce	uman Servi	ces							
Raleigh, NC 27699-19 Phone: 919-707-5950	912	-870-4808		Signature of Trai	ning Mana	ager			Date

LHMP-RRP TRAINING COURSE NOTIFICATION (1/2013)