



Lead Training Course Notice

Instructions

NOTICE:

- Please send separate payments for lead and asbestos fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the notice in black or blue ink only.

Must notify the Minnesota Department of Health (MDH) at least five (5) calendar days before the training course begins.

Amended notices must be received at least three (3) calendar days before the training course begins if the beginning date of the training course is made earlier.

Amended notices must be received before a training course begins for any other change in the information contained in the original notice.

Fax to

Minnesota Department of Health

Asbestos/Lead Compliance Unit

651-201-4606

OR

Mail to

Minnesota Department of Health

Asbestos/Lead Compliance Unit

PO Box 64497

St Paul, MN 55164-0497

For questions or more information, call 651-201-4620 or visit the [MDH website:](https://www.health.state.mn.us/communities/environment/lead/index.html)
<https://www.health.state.mn.us/communities/environment/lead/index.html>

Tennessee Warning

For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



Lead Training Course Notice

Notification Information

Check only ONE notice type:

- Original Notice Amendment Cancellation

Check only ONE of the following course types:

- Initial Course Refresher Course

Check only ONE of the following disciplines:

- Worker Supervisor
 Inspector Risk Assessor Project Designer

Training Provider Information

Training Provider Name: _____

Training Provider Address: _____

City: _____ State _____ Zip _____

Telephone Number: (_____) _____

Training Course Permit Number _____

Training Course Expiration Date (MM/DD/YYYY) _____

Training Manager Name _____

Training Course Location Information

Training Course Location Name: _____

Training Course Location Address: _____

City: _____ State _____ Zip _____

Telephone Number: (_____) _____

Training Course Dates and Times

Day 1 (MM/DD/YYYY) _____ From ___ AM PM to ___ AM PM

Day 2 (MM/DD/YYYY) _____ From ___ AM PM to ___ AM PM

Day 3 (MM/DD/YYYY) _____ From ___ AM PM to ___ AM PM

Day 4 (MM/DD/YYYY) _____ From ___ AM PM to ___ AM PM

Day 5 (MM/DD/YYYY) _____ From ___ AM PM to ___ AM PM

Training Instructor Information

Principal Instructor Name: _____

Assistant Instructor Name: _____

Assistant Instructor Name: _____

Assistant Instructor Name: _____

Signature

I provided true and complete information. I understand MDH's Tennessee Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this notice.

Signature _____ Date (MM/DD/YYYY) _____

To obtain this information in a different format, call 651-201-4620