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| DEQ Logo 2005 | **ASBESTOS TRAINING PROVIDER RECOGNITION FORM AAC-3** |  |
| Louisiana Department of Environmental QualityOffice of Environmental ServicesPublic Participation and Permit Support DivisionNotifications and Accreditations SectionP.O. Box 4313, Baton Rouge, LA 70821-4313Phone (225) 219-3300Type of Recognition [ ]  Initial [ ]  Renewal | For LDEQ Use Only |
| Expires:  |
| Check No.: |
| Check Date: |
| Amt. Rec’d: $ |
| Proc. Date: |
|  |  **Applicant Information** (please print or type) |
|  |  Training Provider Name |  Agency Interest No. |  LDEQ Trainer Prov. Recog. No.  |  Expir. Date |
|  |  Business Address |  Phone No.  ( ) |  Fax No. ( ) |
|  |  City |  State  |  Zip |  Company Web Address |
|  |  Contact Person |  Title |  Email |
|  |  |  |  |
| **II.** |  **Fees:** \*\*ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE\*\* Make payable to the LDEQ and submit with the form to the above address Normal Processing $ 436  Emergency Processing: $ 654 |
| **III.** |  **Are you recognized or approved by any other state(s) to teach lead courses?** [ ]  Yes [ ]  NoIf yes, specify state(s) and name(s) of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **IV.** |  **Check disciplines(s) for which company is seeking recognition**  |
|  | **Discipline** | **(Check Below)** | **If Refresher, List Date of Expiration (Required)** |  |
| **Initial** | **Refresher** |
|  | Worker | [ ]  | [ ]  |  |  |
|  | Contractor/Supervisor | [ ]  | [ ]  |  |  |
|  | Inspector | [ ]  | [ ]  |  |  |
|  | Management Planner | [ ]  | [ ]  |  |  |
|  | Project Designer | [ ]  | [ ]  |  |  |
|  |  |
| **V.** |  **Note if teaching Worker in a language other than English** [ ]  N/A [ ]  Spanish [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **VI.** |  **List location(s) and description of facilities where course(s) will be offered.** *(Classroom setting with adequate seating, writing space, and instruction equipment, including hands-on, are required)* |
|  | **Location** | **Facility Description** |
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| **VII.** |  **Description of equipment available for hands-on training** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **VIII.** |  **Names of the principal instructors and contact information** |  |
|  | **Name** | **Phone No.** | **Email** | **Expir. Date** |
|  |  |  ( ) |  |  |
|  |  |  ( ) |  |  |
|  |  |  ( ) |  |  |
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| **IX.** |  **Certification** |  |  |
|  |  I do hereby certify that I will comply with Chapter 27 requirements and that: a. The training provider meets the minimum requirements established in LAC 33.III. 2799.G.b. Each instructor meets the qualifications described in LAC 33.III. 2799. G.c. EPA-authorized model training materials will be used or course materials will be submitted for agency approval.d. All course notifications/changes/cancellations will be provided in advance and rosters submitted timely in accordance with  LAC 33:III.2741.E.  **Note:** Be advised that Expedited Penalties will be required for non-compliance. Additional penalties and/ or revocation of  Training Provider and Trainer recognition may be required for excessive non-compliance. Timely applications, course notifications, course cancellations, and rosters are expected as well as adhering to the length, time, and other class requirements. In addition, the LDEQ expects that there will be no falsification of any records. |
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|  | Signature of Training Manager/Owner/Representative |  | Printed Name |  | Date |