



Asbestos Course Notification Form AAC-5

Louisiana Department of Environmental Quality (LDEQ)
Office of Environmental Services (OES)
Public Participation and Permit Support Division (PPPSD)
Notifications and Accreditations Section (NAS)

Phone (225) 219-3300 Email: Asbestos-Lead.TrainingNotification@LA.GOV

U.S. Mail Address

NAS/PPPSD/OES
LDEQ
P.O. Box 4313
Baton Rouge, LA 70821-4313

Service Carrier or Hand-Delivery Address

NAS/PPPSD/OES
LDEQ
602 N. 5th St.
Baton Rouge, LA 70802

For LDEQ Use Only

AI No.	
Date	

Please note that the LDEQ shall receive all written notifications via mail, email, or hand-delivery for all courses at least 5 working days prior to class commencement or 1 working day prior to class commencement if only the Louisiana Regulations course will be taught. Also, the LDEQ shall be notified in writing via mail, email, or hand-delivery of any cancellation, rescheduling, or amendment of a course 1 day before the class should have commenced. Please fill out Sections I through VIII for initial course notification. For amendments, please fill out Sections I through IX. PLEASE PRINT ALL INFORMATION.

Agency Interest No. _____

I. Training Provider Information

Company Name _____ Phone Number (____) _____

II. Course Discipline Taught Check appropriate box

- | | | |
|---|--|---|
| ☐ Worker | ☐ Contractor/Supervisor | ☐ Inspector |
| ☐ Management Planner | ☐ Project Designer | ☐ Louisiana Regulations (only) |

III. Type of Class

- ☐ Initial ☐ Refresher

IV. Date(s) of Course

Start Date _____ End Date _____

V. Time of Class

Start Time _____ End Time _____

VI. Language

- ☐ English ☐ Spanish ☐ Other (specify) _____ (applies only to worker)

VII. Class Location Physical Address (Include Room & Building No.)

_____ City _____ State _____

If the Instructor plans to take the class to a temporary alternate site, please include the information below:

Date _____	Location _____	Time _____
Date _____	Location _____	Time _____

VIII. Instructor(s)

A. Name _____	LDEQ Trainer No. _____	Exp. Date _____
B. Name _____	LDEQ Trainer No. _____	Exp. Date _____

IX. Amendments Please complete the following if amending class information:

Type of Change	Change Information	
☐ Date	from _____	to _____
☐ Instructor	from _____	to _____
☐ Time	from _____	to _____
☐ Location	from _____	to _____
☐ Cancellation of Course	Cancelled _____	
☐ Other (specify) _____	from _____	to _____