

LEAD TRAINING PROVIDER RECOGNITION FORM LPF-4



Louisiana Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-3300

For LDEQ Use Only
Expires: _____
Check No.: _____
Check Date: _____
Amt. Rec'd: \$ _____
Proc. Date: _____

Fees: **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE**

Lead Train Provider Recognition: In State: \$ 550 Out of State: \$ 825
 Emergency Processing: In State: \$ 825 Out of State: \$ 1238 Agency Interest No. _____
 LDEQ Trainer Provider Recognition No. _____

I. Applicant Information (please print or type)

Company Name		Email Address	
Training Manager	Title	State DL No. or ID No.	State of DL or ID issuance
Business Address		Phone No. () ()	Fax No. () ()
City	State	Zip	Web Address

II. Are you recognized or approved by any other state(s) to teach lead courses? Yes No
 If yes, specify state(s) and name(s) of company _____

III. Check disciplines(s) for which company is seeking recognition

Discipline	(Check Below)		If Refresher, List Date of Expiration (Required)
	Initial	Refresher	
Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Inspector	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>	

List location(s) and description of facilities where course(s) will be offered. (Must be a classroom setting to qualify)

IV. Description of equipment available for hands-on training

V. Names of the principal instructors and contact information

Name _____ Phone () _____ Email _____
 Name _____ Phone () _____ Email _____

VI. Submit application materials and appropriate fees to the address above with the following information:

1. An example of numbered certificates;
2. Copy of test blueprint;
3. A description of the procedures for conducting the assessment of hands-on skills;
4. Course curriculum materials for review if not using EPA-authorized training materials; and
5. Copy of the quality control plan.

VII. Statements of Regulation Knowledge and Acknowledgement for Public Records

- (a) I hereby certify that this notification is true and accurate and that all information provided complies with Chapter 28 requirements: the training provider meets the minimum requirements established in LAC 33.III.2805.B; each instructor meets the qualifications described in LAC 33.III.2805.B.2; and EPA-authorized model training materials will be used or course materials will be submitted for agency approval.
- (b) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), which states that any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle is subject to penalties with conviction of civil and criminal actions as outlined in this regulation.
- (c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Signature of Training Manager/Responsible Individual

Print Name

Date