



JOHN ELIAS BALDACCI  
GOVERNOR

David P. Littell  
COMMISSIONER

# NEW APPLICATION

## FOR ASBESTOS TRAINING COURSE APPROVAL

Complete all sections of the application either by hand printing in ink or typing in the gray areas. Print out and sign the completed application and mail to Maine DEP with the appropriate application fee. Attach additional sheets as necessary.

<b>1. Applicant:</b>			
Company Name			
Company Address			
City		State	
		Zip	
Company Phone Number		e-mail address	
Previous License Number (if applicable):			
Training Director (must be a Design Consultant)		Title	
<b>2. APPLICATION INFORMATION:</b>			
A)	Course (s) for which approval is requested:		
<input type="checkbox"/>	ABATEMENT WORKER (32 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (8 hrs.)
<input type="checkbox"/>	ABATEMENT SUPERVISOR (40 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (8 hrs)
<input type="checkbox"/>	MANAGEMENT PLANNER (16 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (4 hrs)
<input type="checkbox"/>	AIR MONITOR (16 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (4 hrs)
<input type="checkbox"/>	AIR MONITOR (40 hrs)		
<input type="checkbox"/>	INSPECTOR (24 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (4 hrs)
<input type="checkbox"/>	DESIGN CONSULTANT (24 hrs)	<input type="checkbox"/>	ANNUAL REFRESHER (8 hrs)
<input type="checkbox"/>	AIR ANALYST (36 hrs)		
<input type="checkbox"/>	BULK ANALYST (36 hrs.)		

- B) If the applicant is currently licensed, certified, or permitted to provide training in another state, or does business under any name other than listed above, provide the Department with the name of the State and applicable license, certificate, permit number and a list of approved training courses.
- C) Provide the Department with the name and qualifications of the Training Director responsible for administering the training course (must be a Maine certified Design Consultant), including a copy of the certificate of successful course completion of a "Train the Trainer" course, or documentation of post-secondary degree in adult education.
- D) Provide the Department with the name(s) and qualifications of the training instructors. This information must be updated periodically when significant changes in instructors occur.
- E) Provide the Department with the course agenda including the amount of time allotted for each topic.
- F) Provide the Department with a copy of any printed material (texts, pamphlets, etc.) that will be provided to students, including a description of the equipment that will be utilized in classroom lectures.
- G) Provide the Department with a description of the teaching methods to be utilized, including but not limited to a disc of audio/visual aids.
- H) Provide the Department with a sample copy of the uniquely numbered certificate to be issued to students who complete the course.
- I) Provide the Department with a description of the facility to be used, including a description of the equipment that will be utilized for hands-on practice exercise.
- J) A copy of the bank of questions the training provider will use to create the final course exams, a description of the process to be used for creating different versions of the final exam from the bank of questions, a sample exam, and a description of the system to be used to track which versions of the course exam are used for each course offering.
- K) Provide a statement to the Department that the ratio of students to teacher will not exceed 10:1 for hands-on sessions.

**3. SIGNATURE:**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED:		DATE:	
PRINTED:			

**RETURN TO: Lead & Asbestos Hazard Prevention Program  
Department of Environmental Protection (BRWM)  
17 State House Station  
Augusta, Maine 04333-0017  
(207) 287-2651**