



NORTH DAKOTA ASBESTOS TRAINING COURSE NOTIFICATION
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF WASTE MANAGEMENT
 SFN 60750 (9-2021)

I. Course Providers Information:

Course Provider Name:	
Contact Person's Name:	Telephone Number of Contact Person:
Course Location:	Telephone Number of Course Location:

II. Type of Notification:

<input type="checkbox"/> Notification of the following course(s):
<input type="checkbox"/> Cancellation of the following courses(s):

III. Class Type (limit one form per class):

<input type="checkbox"/> Worker	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Date(s)
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Date(s)
<input type="checkbox"/> Inspector	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Date(s)
<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Date(s)

IV. Instructor(s)(use additional sheets if necessary):

Course Instructor(s):	ND Certification Number:	Expiration Date:

VII. I certify to the best of my knowledge that the above information is true and correct.

Signature of Course Representative	Date

For NDDEQ/WM use only. This course has been:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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