

<p>RETURN FORM TO:</p>  <p>MARYLAND DEPARTMENT OF THE ENVIRONMENT ASBESTOS ACCREDITATION & SCHOOL ASSISTANCE DIVISION 1800 WASHINGTON BLVD., STE 725 BALTIMORE, MARYLAND 21230-1720</p> <p>CALL (410) 537-3801 [(800) 633-3101]</p>	<p>COURSE DATE(S)</p> <p>____/____/____ FROM</p> <p>____/____/____ TO</p>
<p>NOTE: TRAINING PROVIDER (TP) SHALL MAINTAIN LIST OF STUDENTS TRAINED, THE DATES ON WHICH TRAINING OCCURRED, STUDENTS' TEST SCORES AND COPIES OF CERTIFICATES. SEND THIS INFORMATION, INCLUDING A COLOR PHOTO OF EACH TRAINEE TO THE DEPARTMENT WITHIN 10 WORKING DAYS OF COMPLETION OF THE TRAINING COURSE.</p>	<p>TP APPROVAL #</p> <hr/> <p>TP APPROVAL ISSUED</p>

TRAINING PROVIDER NAME: _____

LOCATION OF TRAINING: _____

INSTRUCTOR'S NAME(S): _____

CHECK ONE ONLY		CHECK ONE ONLY	COURSE NAME	PROCTOR'S NAME	EXAM DATE
INITIAL	REVIEW				
			FOREIGN LANGUAGE WORKER (SPW)		
			INSPECTOR (I)		
			INSPECTOR/MGMT.PLANNER (IMP)		
			MANAGEMENT PLANNER (MP)		
1 Day	2 Day		OPERATIONS & MAINTENANCE (O&M)		
			PROJECT DESIGNER (PD)		
			WORKER (W)		
			SUPERVISOR (S)		

FOR EACH ACCREDITED TRAINEE:

#	PHOTO ID#	SOCIAL SECURITY #	LAST NAME	FIRST NAME	SCORE
1					
2					
3					
4					
5					
6					

CERTIFICATION FORM FOR TRAINING PROVIDERS

TRAINING PROVIDER NAME: 	COURSE DATE(S) ___/___/___ FROM ___/___/___ TO
FOR EACH ACCREDITED TRAINEE:	

#	PHOTO ID#	SOCIAL SECURITY #	LAST NAME	FIRST NAME	SCORE
7					
8					
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