

COCCIARDI and Associates, Inc.

Safety • Environmental Health • Emergency Preparedness
Consulting and Training

REGISTRATION FORM ~ DEPARTMENT OF HEALTH (DOH) LEAD BASED PAINT TRAINING 2015

Training is provided to direct employees of state, local or municipal government agencies and non-profit organizations only. Non-profit organizations MUST provide adequate documentation; including IRS 501(c)(3) exemption certificate or other proof of status. State government employees are required to show a valid state ID upon attendance.

Registration information and/or forms can be faxed to Jennifer Macknosky (570) 291-0035 or emailed to jmacknosky@cocciardi.com, please include a signature if e-mailed. Also, please include the course title and date along with the trainee's name, employee ID, job title, employer or agency, address information, telephone, fax and email address.

Registration forms not signed by an approving authority will not be accepted. No exceptions.

You must receive confirmation of registration before sending participants to the Training Center.

(PRINT/TYPE your information legibly as you wish it to appear on the certificate)

Trainee Name:	
Employee ID#:	
Job Title:	
Agency/Employer:	
Address:	
City/State/Zip	
Telephone:	
Fax:	
E-mail Address:	
Course Title:	
Course Date:	

The Training Center reserves the right to change the published schedule and/or cancel classes.

AGENCY/EMPLOYER VERIFICATION

The sponsoring agency is (check one):

() Federal, State or Local Government () Non-profit

I certify that the person registering for this training course is a direct employee of the government/non-profit agency named above. This person will be performing lead-related duties as part of his/her job.

Authorized Agency Signature/Title

Date

Registration for a Refresher Course must be accompanied with a copy of trainee's certification of previous training (i.e. Initial or Refresher training certificate).