


<p><b>RETURN FORM TO:</b></p>  <p>MARYLAND DEPARTMENT OF THE ENVIRONMENT          ASBESTOS DIVISION          1800 WASHINGTON BLVD., STE 725          BALTIMORE, MARYLAND 21230-1720</p> <p>CALL: (410) 537-3200 EMAIL: MDE.asbestos@Maryland.gov</p>	<p>COURSE DATE(S)</p> <p>____/____/____</p> <p>FROM</p> <p>____/____/____</p> <p>TO</p>
<p><b>NOTE:</b>  <b>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.</b></p>	<p><b>TP APPROVAL #</b></p> <hr/> <p><b>TP APPROVAL ISSUED</b></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					

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

#	PHOTO ID#	SOCIAL SECURITY #	LAST NAME	FIRST NAME	SCORE
7					
8					
9					
10					
11					
12					
13					
14					
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