

# Ohio Environmental Protection Agency

## Asbestos Training Course Instructor Application

Carefully read all the instructions and questions before answering this application.

1. Applications shall be typed or legibly printed in ink and sent to:  
Ohio EPA, Asbestos Program, PO Box 1049, Columbus, Ohio 43216-1049.
2. Any provider of an approved asbestos training course within the state of Ohio shall ensure that all instruction is provided by persons approved by the director as required by Chapter 3745-22 of the Ohio Administrative Code.

Completion of this form is required by Rule 3745- 22- 07.

3. Training course provider			Phone (      )
Street number	City	State	ZIP

4. Check the box(s) and list the course approval number(s) for each discipline the instructor is intending to teach				
Discipline	Initial	Course #	Refresher	Course #
Asbestos Hazard Abatement Worker (AHAW)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Asbestos Hazard Abatement Specialist (AHAS)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Asbestos Hazard Evaluation Specialist (AHES)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Asbestos Hazard Abatement Project Designer (AHPD)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Asbestos Hazard Abatement Air Monitoring Technician (AAMT)	<input type="checkbox"/>	_____		

### Instructor

5. First name	Middle initial	Last name
6. Instructor status (If only for specific topic(s), list all that apply)		
<input type="checkbox"/> Full <input type="checkbox"/> Topic(s)	_____ _____	

### Important

Attach the following to this application: <input checked="" type="checkbox"/> A certificate of successful completion of a U.S. EPA or State approved initial training course specific to each discipline for which the person is intending to teach. <input checked="" type="checkbox"/> Written verification of a minimum of six months of educational or occupational experience related to each discipline for which the person is intending to teach.
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**This application will not be accepted if oath is omitted**

*I solemnly swear that the answers I have made to each and all questions in this application, whether in print or writing, are full and true to the best of my knowledge.*

Signature of applicant	Date
Signature of training course director	Date

**Do not write in space below, Ohio EPA use only**

Accepted	Comments
Rejected	_____