Asbestos Safety Training Instructor Approval Request Form

I. General Information	
Training Provider:	Date:
Training Director:	Signature:
Print Name	Signature of Training Director
Proposed Instructor:	Signature:
Print Name	Signature of Proposed Instructor
	s in accordance with 10 NYCRR Part 73. By signing above, both parties are attesting that the best of their knowledge and that the proposed instructor is employed by and has ler.
II. Requested Approvals (The Training Director shall ched	ck all those that apply where approval is being sought.)
Classroom Lecture	
ability to effectively communicate those topics as well as e programs associated with asbestos. This information shou experience in the asbestos abatement industry or related of	
Classroom Lecture Instructor for all approved Initial tra	aining programs
Classroom Lecture Instructor for all approved Refreshe	r training programs
Classroom Lecture Instructor for:	
☐ Allied Trades Initial	Allied Trades Refresher
Operations and Maintenance Initial	Operations and Maintenance Refresher
Asbestos Handler Initial	Asbestos Handler Refresher
Contractor/Supervisor Initial	Contractor/Supervisor Refresher
☐ Inspector Initial	☐ Inspector Refresher
Management Planner Initial	Management Planner Refresher
Air Sampling Technician Initial	Air Sampling Technician Refresher
☐ Project Monitor Initial	Project Monitor Refresher
Project Designer Initial	Project Designer Refresher
Legal Liabilities	
Legal liabilities lecture approvals will automatically be unless NOT requested by the Training Director via check	granted to instructors who are approved for classroom lecture for applicable disciplines, king this box

Hands-on

You must submit detailed documentation demonstrating that the proposed instructor for hands-on activities has one cumulative year of actual work experience in the discipline(s) requested. This information should be in the form of a resume showing employer/supervisor, employment dates, project dates, project description and the capacity served on each project.		
Hands-on Instructor for all approved training programs		
Hands-on Instructor for: Allied Trades Initial Operations and Maintenance Initial	☐ Inspector Initial ☐ Air Sampling Technician Initial	
☐ Asbestos Handler Initial ☐ Contractor/Supervisor Initial	Project Monitor Initial Project Designer Initial	
Health Effects/Medical Monitoring		
You must submit documentation (official academic transcripts) demonstr having a degree in community health, environmental health science, ind Health Professional by definition, you may request that the proposed ins developed Health Professional examination.	ustrial hygiene or other related science). If the proposed instructor is not a	
Health Effects/Medical Monitoring Instructor for: Initial Training Programs Refresher Training Programs		
Not a Health Professional and requesting to take a Health Profes	sional examination	
III. Violation History		
Has the proposed instructor been found in violation of any asbestos regularized Yes No If you answered "Yes" above, please describe the circumstances below or		