



ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY

ASBESTOS ABATEMENT ORIENTATION SESSION

COURSE REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name of Applicant: _____
Email: _____
Social Security Number: _____
Employer: _____
Business Address: _____
Business Telephone: _____

Date of Orientation Course for which registration is being made (see dates below):

1st Choice _____ 2nd _____ 3rd _____

Course Dates 2017

January 17	May 16	September 19
February 21	June 20	October 17
March 14	July 18	December 19
April 18	August 15	

Please attach a copy of your most recent Supervisor training certificate or fill out the following information regarding your training course:

Course Title: _____
Trainer: _____
Dates Attended: _____
Signature of Applicant: _____ Date: _____

RETURN COMPLETED FORM TO:

Division for Air Quality
Field Operations Branch
Attention: Eliza Bodkin
300 Sower Blvd, 2nd Floor
Frankfort, KY 40601

Telephone: 502-564-3999
Fax: 844-213-0436
Email: eliza.bodkin@ky.gov