



Asbestos Training Provider Application

\$500.00 Application fee must accompany this application.

The check or money order must be made payable to the Illinois Department of Public Health.

An application shall be completed for each type of accreditation, including courses taught in a language other than English.

Type or Print

ID# _____

Course Title _____

Business Name (Course Provider) _____

Address _____

City _____ State _____ County _____ ZIP code _____

Telephone _____ Fax _____

Contact Person _____

Type of Ownership (Check)

Sole Proprietorship Corporation Trust Partnership Association

Other _____

(Specify)

LIST OF OFFICERS

Name and Title

Address

I hereby certify the information submitted is true and valid and I understand the Illinois Department of Public Health may deny this training course accreditation for knowingly making false or fraudulent claims.

Signature of Owner/Officer

Date

IMPORTANT NOTICE: The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

The **Public Information Disclosure** below must be completed to allow the Department to release your personal contact information. **ONLY** those asbestos licensees who complete this information will be included in Department lists. By checking a box below, you authorize this Department to publish your business or personal information on all Department listings. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below.

I authorize the Illinois Department of Public Health to include my:

(Check only ONE box)

Personal Information I do not wish to be listed