

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
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 \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_ COUNTY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TYPE OF OWNERSHIP (Check)

Sole Proprietorship  Corporation  Trust  Partnership  Association  
 Other \_\_\_\_\_

(Specify)

LIST OF OFFICERS

	Name and Title	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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

\_\_\_\_\_  
Signature of Owner/Officer

\_\_\_\_\_  
Date

The **Public Information Disclosure** form accompanying this application must be completed and returned to this office to allow the Department to release your contact information. **ONLY** those training providers who complete this form and return it to this office will be included in Department lists. The **Public Information Disclosure** form is incorporated into all license applications and training course provider approval applications to address the release of contact information to the general public.

**IMPORTANT NOTICE**

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 105 ILCS 105/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL OF APPLICATION FOR ACCREDITATION OF TRAINING COURSES. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

IL 4820500

Revised 7/02