



Division of Safety and Health
Safety Training Program
Harriman State Office Campus
Building 12, Room 154
Albany, NY 12240

New York State Department of Labor
Mold Training Course Notification Form

Print Name of Individual Sending Notification: _____ Date: _____

Signature: _____ Phone for Transmittal Issues: _____
(If providing notification of multiple course dates, applicants must attach a separate notification form for each course date.)

Training Provider: _____ ID # _____
Type of Training: _____ Initial: _____ Refresher: _____
Training Dates: _____ Time Begin: _____ Time End: _____
Number of Expected Participants: _____

Training Location*
Facility Name: _____
Facility Address and County: _____
Facility Contact Person and Phone Number: _____
* If the facility has not been previously reviewed by the Commissioner, attach a description of the facility, including a diagram, which identifies the specific dimensions of both the classroom, and hands-on areas and seating arrangements. If necessary, include special instructions needed to enter the facility.

Specific to the course identified in this notification of training, identify below those instructors you have scheduled to provide training:
Lead Classroom Instructor(s):

Lead Hands-on Instructor(s):

Note: All courses are subject to audit by the Commissioner at all times.

Training provider shall provide notification to the Commissioner at least one week in advance of any course to be conducted. Cancellation of a course must be communicated to the Commissioner by the first day on which the course is to be held. The completed form may be submitted by mail to the address in the header or by email to labor.sm.sh.esu@labor.ny.gov or by fax (518) 457-1301.