

**New York State Department of Health
Asbestos Safety Training Program Notification**

Revision Form

Signature of Individual Sending Notification: _____ Date: _____

Print Name: _____

Primary Notification Information: (Include information from primary notification form only)

Training Sponsor: _____ ID # _____

Type of Training: _____ Initial: _____ Refresher: _____ Language: _____

Training Dates: _____ Time-Day: _____ am to _____ pm Evening: _____ pm to _____ pm

Number of Certificates Requested: _____ Location of Training: _____

Certificate Range (DOH 2832) Issued _____
(If received from the Department of Health)

Course Status

Cancelled: ☐ Yes ☐ No

Revised: ☐ Yes ☐ No

If course is being revised, check revision type(s): ☐ Date(s) of Course¹
☐ Discipline Change¹
☐ Additional Certificates
☐ Instructor
☐ Location²
☐ Other _____

(1) If the revision to a course includes a change in date and/or discipline, you must change and attach a copy of the revised manifest form.

Proposed Revisions: (Clearly describe revisions/changes from primary notification)

(2) Attach a description of the facility and include a contact person at that location, phone number, and specific dimensions of both the classroom, and hands-on areas with total available space and seating arrangements. If necessary, include special instructions needed to enter the facility.