



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

Mold Training Course Notification

To use this form, first save it to your desk top. Then, complete, sign and email it to: labor.sm.sh.esu@labor.ny.gov.

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: _____
Mold Training Provider number (MTP#): _____
Type of Training: _____
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 Department of Labor (DOL), 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. Include the facility name and address on the diagram. 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) (initial courses only):

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

Training providers shall provide notification to DOL at least one week in advance of any course to be conducted. Cancellation of a course must be communicated to DOL 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.