

Illinois Department of Public Health Illinois Lead Program 525 W. Jefferson St., 3rd Floor Springfield, IL 62761

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Please complete and submit this form to the Department at least seven (7) days prior to the upcoming course. This form						
may be submitted: by fax to (217) 557-1188; by e-mail to dph.lead@illinois.gov; or by regular mail to the address above.						
Please allow 72 hours to receive your Class Number. I. Lead Training Course Notification						
Date Submitted: ID No: Training Course Provider Name:						
The same state of the same sta						
Phone Number:		Fax Number:		Class Number:		
II. Course Information						
☐ Worker ☐ Supervisor		English	Spanish	☐ Initial ☐ Refresher		Refresher
☐ Inspector ☐ Risk Assessor		☐ Polish	Other	Revision* Cancellation		Cancellation
RRP						
Start Date: Exam	n Date:	Contact Person:				
III. Location						
Facility:						
Street Address:		City: State		State:	Zip:	
IV. Instructors						
1 st Course Instructor:		Teaching What Aspects of Course:				
2 nd Course Instructor:		Teaching What Aspects of Course:				
3 rd Course Instructor:		Teaching What Aspects of Course:				
4 th Course Instructor:		Teaching What Aspects of Course:				
Comments:						