



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD TRAINING MANAGER APPLICATION

GENERAL INFORMATION

The training provider shall employ a training manager who meets the requirements in 19 CSR 30-70.320(7)(A). The training manager shall be responsible for ensuring that the accredited training provider complies at all times with all of the requirements in these regulations. The training manager may designate guest instructors as needed to provide instruction specific to the lecture, hands-on activities, or work practice components of a course

An application to have an individual approved as a training manager shall include supporting documentation of the training manager's qualifications. Once a training course has been accredited any changes to the training manager must be submitted in writing to the Missouri Department of Health and Senior Services, Lead Licensing Program for review and approval prior to continuation of the training course.

Note: A training manager is only approved for the training provider submitting the request. If a training manager decides to work for another training provider that training provider would be responsible for getting them approved as their training manager.

- Mail **completed application** and the necessary documentation as evidence of meeting the requirements for Training Manager to:
 Missouri Department of Health and Senior Services
 Lead Licensing Program
 P.O. Box 570
 Jefferson City, MO 65102-0570

APPLICANT INFORMATION

LEGAL NAME OF REQUESTEE	FIRST	MIDDLE INITIAL	LAST
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NAME OF TRAINING PROVIDER (EMPLOYER)

TRAINING PROVIDER'S STREET ADDRESS

CITY	STATE	ZIP CODE
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TRAINING PROVIDER'S TELEPHONE NUMBER (____) _____ - _____	TRAINING MANAGER'S E-MAIL ADDRESS
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QUALIFICATIONS

- Complete this section and submit the appropriate documentation as evidence of meeting the requirements (see 19 CSR 30-70.320(7))

The education and/or experience requirements for the training manager shall include one year of experience in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene; **and** at least one of the following:

- A minimum of two (2) years of experience teaching or training adults. (Indicate the dates of employment in the history section of this form.)
- A bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, business administration, education; or
- A minimum of two (2) years experience in managing a training program specializing in environmental hazards.

EMPLOYMENT HISTORY

- A resume can be used as an alternative to this section. Dates of employment, including months(s) and year(s), must be indicated on the resume.

EMPLOYER NAME

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

EMPLOYER NAME

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

EMPLOYER NAME

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

EMPLOYER NAME

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

PERSONAL INFORMATION

Has the training manager been convicted of a felony under state or federal law designed to protect the environment or human health? Yes No

CERTIFICATION

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.

SIGNATURE OF APPLICANT

DATE