ASBESTOS TRAINING COURSE CLASS LIST/ROSTER

ASBESTOS TRAINING COURSE SPONSORS TO COMPLETE WITHIN 10 CALENDAR DAYS OF PERSONS WHOM SUCCESSFULLY COMPLETED THE COURSE

TRAINING SPON	ISOR NAM	IE:						
SPONSOR NUM	BER: T		P	PHONE NUMBER:				
EMAIL:								
NAME OF COUR	RSE:							
DATE(S) OF COU	JRSE:							
LIST/ROSTER OF INDIVIDUALS								
SSN		NAME			ADDRESS		PHONE NUMBER	

Please save (for your records) and submit an email to: asbestos@michigan.gov MIOSHA / CSHD / Asbestos Program • PO Box 30671 • Lansing, MI 48909 Phone 517-284-7698 • Fax 517-284-7700

TRAINING SPONSOR NAME:								
NAME OF COURSE:								
DATE(S) OF COU								
		TER OF INDIVIDUALS Page 2						
SSN	NAME	ADDRESS	PHONE NUMBER					

TRAINING SPONSOR NAME:										
NAME OF COURSE:										
DATE(S) OF COU	JRSE:									
LIST/ROSTER OF INDIVIDUALS Page 3										
SSN	NAME	ADDRESS	PHONE NUMBER							