

# Mississippi Department of Environmental Quality

## LEAD TRAINING COURSE NOTIFICATION

\_\_\_\_\_  
**Training Provider Name**

\_\_\_\_\_  
**Contact Name/Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

Course Discipline	Date(s) of Course		Course Location*			Times		Language Used**	Principal Instructor
	Start	Finish	Street Address	City	State	Start	Finish		

\* If location is different from principal location, please attach vicinity map showing the exact location of training facility.

\*\* Instructor(s) must be fluent in the language spoken by all students in the class.

Please submit notification and copy of course agenda to the Mississippi Department of Environmental Quality, Lead Section, P.O. Box 2339, Jackson, MS 39225, ten (10) days prior to class being held. Failure to submit notification within the specified time period may result in the rejection of any certificate of training submitted for the purpose of licensing.

\_\_\_\_\_  
 Signature of Training Program Manager

\_\_\_\_\_  
 Date