

Lead Training Manager Application

Training managers for lead discipline classes are responsible for administrative duties under DHS 163.25. If you have questions about this application, call 608-261-6876 or email DHSLASAccred@dhs.wisconsin.gov.

Training manager information

Name - First	Middle	Last	Social Security Number
Mailing address		City	State ZIP code
Phone number		Email	

Training company information

Training provider company name			
Mailing address		City	State ZIP code
Owner or company officer name			DHS company number
Phone number	Email		

Training manager qualifications Check the qualifications you meet.

Demonstrated experience, education or training in the construction industry, such as lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene or engineering. And at least one of the following:

Two or more years of experience, education or training in teaching workers/adults.

A bachelor's or graduate level degree in building construction technology, engineering, industrial hygiene, safety, public health, education, business administration or program management or a related field.

Two or more years of experience managing a training program specializing in environmental hazards.

Required documentation Attach the following qualification information.

Resume listing relevant professional training & experience, including dates of employment or education.

Academic transcripts or diploma.

Letters of references or documentation of previous work.

Signature

The information on this application is true and accurate to the best of my knowledge. The designated training manager will have full authority to ensure compliance of all accredited training courses with Wisconsin administrative codes, statutes and other state and federal regulations relating to lead paint activities and is authorized to represent this company to the Department of Health Services on any matters relating to the accreditation of its lead courses.

Signature - Owner/Employer

Date signed

Mail completed form to: State of Wisconsin
PO Box 93419
Milwaukee WI 53293-3328