

SEAGULL INSTRUCTOR'S APPLICATION

PART I: PERSONAL DATA

Name: _____ SSN: _____
(Last) (First) (Middle)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ U.S. Citizen? (Y/N): _____

PART II: TRAINING AND COURSE TOPICS

Training Course Discipline and Type (e. g. Worker Initial, Worker Refresher): _____

Topics to be taught by Instructor in course named above:

PART III: EDUCATION

List in chronological order beginning with High School. Include GED if applicable.

School's Name	Location	Dates Attended	Graduated?
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Degree	Institution From:	Received Major/Minor
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PART IV: TRAINING:

List relevant training completed which would qualify you to instruct the topic(s) listed in part II. (e.g. AHERA, health and safety courses). Attach a photocopy of each training certificate. Attach additional sheet if necessary.

Title of Course	Date(s) Attended	Location (city/state)	Training Provider
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PART V (A): EMPLOYMENT HISTORY

List your work experience starting with your current or last employer. Attach an additional sheet if necessary.

Employer 1: _____ Address: _____

Job Title: _____ Supervisor: _____ Telephone: _____

Dates employed: (From) _____ (To) _____

If not employed full time, list number of years/months.

Describe major duties and responsibilities in order of their importance on the job (be specific): _____

Employer 2: _____ Address: _____

Job Title: _____ Supervisor: _____ Telephone: _____

Dates employed: (From) _____ (To) _____

If not employed full time, list number of years/months.

Describe major duties and responsibilities in order of their importance on the job (be specific): _____

PART V (B): FIELD EXPERIENCE HISTORY

List projects that provide documentation of work hours within a contained area, or list topics and/or courses taught to document hours of teaching experience for environmental courses. See Instructor Qualification Criteria for the amount of hours that need to be documented. Attach an additional sheet if necessary.

Project or Course 1: _____ Company: _____

Address/Location: _____ Supervisor: _____ Telephone: _____

Dates: (From) _____ (To) _____ Hours: _____

Describe major duties and responsibilities (be specific): _____

Project or Course 2: _____ Company: _____

Address/Location: _____ Supervisor: _____ Telephone: _____

Dates: (From) _____ (To) _____ Hours: _____

Describe major duties and responsibilities (be specific): _____

PART VI: STATE-ISSUED ASBESTOS/LEAD ACCREDITATION OR LICENSES

List those currently held.

_____ State: _____ No. _____ Expiration Date: _____ Discipline: _____

_____ State: _____ No. _____ Expiration Date: _____ Discipline: _____

_____ State: _____ No. _____ Expiration Date: _____ Discipline: _____

_____ State: _____ No. _____ Expiration Date: _____ Discipline: _____

_____ State: _____ No. _____ Expiration Date: _____ Discipline: _____

PART VII: PROFESSIONAL REGISTRATIONS

List field(s) of work for which you have been registered.

Registration: _____ State: _____ No. _____

Registration: _____ State: _____ No. _____

PART VIII: SUBMITTALS TO EPA OR OTHER STATES

List the EPA Region(s) or State(s) to whom/which your qualifications have been previously submitted as an asbestos training provider and specify for which courses

EPA Region/State: _____ Course: _____ Topic: _____

EPA Region/State: _____ Course: _____ Topic: _____

EPA Region/State: _____ Course: _____ Topic: _____

PART IX: CERTIFICATION

I certify that the information contained herein and attached hereto is true and complete. I understand that The submittal of falsified information and/or documentation may lead to revocation of approval.

Signature of Instructor: _____ Date: _____

(unsigned application will not be reviewed)