CHIP Program Lead Hazard Reduction Training Program Registration Form

Name of Sponsoring CHIP Program Community: _____

Name of CHIP Program Administrative Agency: _____

CHIP Program Administrative Agency Contact: _____ Telephone # _____ Email Address _____

Participant Name First, Middle, Last	Home Address	E-Mail Address/Fax	Telephone Number	Session Type *	Session Location & Date

If an auxiliary aid is needed by a participant due to a disability, please specify type: _____

*Please use the following acronyms

- RRP/Lead-Safe Renovation and Remodeling Initial Training = **RRP/LSRRI** (1 day training)
- RRP/Lead-Safe Renovation and Remodeling *Refresher* Training = **RRP/LSRRR AM** (8:30 a.m. – 12:30 p.m.) or **RRP/LSRRR PM** (1:00 p.m. – 5:00 p.m.)
- Lead Abatement Training for Contractors = **LAC** (5 day training)
- Lead Abatement *Refresher* Training for Contractors = **LACR** (1 day training)
- Lead Inspector/Risk Assessor Training = **LI/RA** (5 day training)
- Lead Risk Assessor *Refresher* Training = **LRAR** (1 day training)

Submit via mail, fax or e-mail to: Devon Cooper, Corporation for Appalachian Development, 1 Pinchot Lane, P.O. Box 787, Athens, OH 45701
Fax Number: 740.592.5994 or Email Address: dcooper@coadinc.org Phone Number: 740.594.8499 *ext.* 219