Household Hazardous Waste
Eight-Hour Refresher Training
Equivalent Training

1. HHW Facility ___________________________ Permit # __________
   Address __________________________________________
   (Street or Rural Route) (City & State) (Zip)
   Phone_________________ Fax________________ E-mail (optional)________________________________

2. Person Requesting Equivalent Training ________________________________________________
   (Print Name) (Signature)

3. HHW Facility Manager ____________________________
   (Print Name) (Signature)

4. Description of training.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Hours of Training</th>
<th>Course Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Submit course documentation. (Flyer, Brochure, Course Syllabus, etc.)

Equivalent Training

Education or experience may be substituted for the required training, subject to approval by KDHE on an annual basis. A request must be submitted to the department on a form provided by the department at least 30 days prior to the date by which the training should be completed.

Examples of equivalent training could be:

- An academic degree, college courses, seminars, classes, or vocational courses in an appropriate field of study, e.g. environmental science, chemistry, or industrial safety.
- Experience with related chemical or safety procedures through working or on-the-job training through the following: the military, law enforcement, the fire department, or emergency management.

KDHE Approval _____________________________     __________________________
   (Signature) (Date)