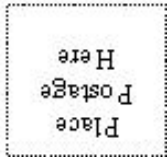


ILLINOIS DEPARTMENT OF LABOR
DIVISION OF SAFETY INSPECTION AND EDUCATION
1 West Old State Capitol Plaza
Room 300
Springfield, Illinois 62701

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1 West Old State Capitol Plaza
Room 300
Springfield, Illinois 62701



_____ Fold Here _____

Employer Name _____ Date _____

Address _____ County _____

City _____ State _____ Zip _____

Phone _____

Type of Facility _____ Number of Attendees _____

Type of Activity Desired: Training Inspection Combined Training and Inspection

Specific area of Concern _____

Requested by _____ Title _____ Phone _____