



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**  
**Office of Lead Poisoning Prevention**

**417 Federal Street - Dover, DE 19901**  
**Phone: (302) 744-4546**

**Application for Lead Certification**

Individual/ Company Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

Company Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

**Please use this address on my certificate (check on):**     **Company Address**     **Home Address**

**Please mail my badge & certificate to (check one):**     **Company Address**     **Home Address**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Federal EI#: \_\_\_\_\_    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_    Fax #: \_\_\_\_\_    Mobile/Beeper #: \_\_\_\_\_

**Check the type of certification(s) for which you are applying:**

Individual     Contractor/Firm     Training Provider     Re-certification

<u>Contractor/Firm</u>	<u>Individual</u>	<u>Training Provider</u>
<input type="checkbox"/> Lead-Based Paint Activities.....\$50.00	<input type="checkbox"/> Inspector.....\$50.00 <input type="checkbox"/> Risk Assessor.....50.00 <input type="checkbox"/> Supervisor.....50.00 <input type="checkbox"/> Project Designer.....50.00 <input type="checkbox"/> Abatement Worker.....25.00	<input type="checkbox"/> Inspector.....\$200.00 <input type="checkbox"/> Risk Assessor.....200.00 <input type="checkbox"/> Supervisor.....200.00 <input type="checkbox"/> Project Designer.....200.00 <input type="checkbox"/> Abatement Worker.....200.00

Payment in full must be sent along with Application and required materials. Please make check or money order payable to "State of Delaware". **Application fees are non-refundable.**

**Signature** \_\_\_\_\_    **Date** \_\_\_\_\_

**This Application is in compliance with and subject to the provisions of the State of Delaware Regulations Governing Lead-Based Paint Hazards, adopted July 15, 1998, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)(t); Date of Effect August 11, 1998.**

OFFICE USE ONLY	Certificate #	Issue Date	Effective Date	Expiration Date
	Authorized Signature / Date		Supervisor Initial	Total Fee(s)