



Application for Lead Certification of Individuals

Individual's Name: _____

Home Mailing Address: _____
Street Address

City State Zip

Home E-mail Address: _____

Company Address: _____
Street Address

City State Zip

Company E-mail Address: _____ Company Phone: _____

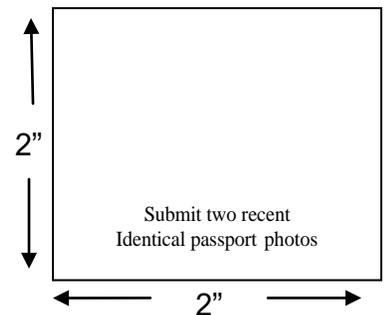
Please use this address on my certificate (check one): [] Company Address [] Home Address

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

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
(if applicable)

Phone #: () _____ Fax #: () _____ Mobile/Beeper #: () _____

Submit two identical passport photographs or digital image of you alone, recent enough to be a good likeness (normally within the last 6 months). Photographs must be 2 X 2 inches in size with an image of your head and shoulders taking up the majority of the area, clear, front view, taken in normal street clothing with no hat or dark glasses in front of a white or off-white background. Digital images must meet these requirements. Re-touched and profile images are not acceptable.



A. Reciprocity (Initial Certification applicants only)

Do you hold a current lead-based paint certification issued by an EPA-authorized state, U.S. Territory, or Indian Tribe? [] Yes [] No

If you answered Yes, please complete Sections A and B and skip Section C. Also, attach a copy of your valid certificate and license. If you answered No, please skip Section A and complete Sections B and C.

Inspector: State/Tribe: Expiration Date:
Supervisor: State/Tribe: Expiration Date:
Risk Assessor: State/Tribe: Expiration Date:
Project Designer: State/Tribe: Expiration Date:
Abatement Worker: State/Tribe: Expiration Date:

B. Training (Initial and Re-certification applicants)

Answer the following items about the lead-based paint training course you received for each discipline for which you are seeking certification or re-certification. Attach additional sheets of paper as necessary.

Discipline: _____

Name of Training Program: _____
Name of organization that taught course

Training Program Address: _____
Street Address, Suite Number City State Zip Code

Training Program Phone #: _____ Ext #: _____ Date Training Completed: ____ / ____ / ____

If training was conducted in a language other than English, please specify language: _____

Training Certificate Identification Number: _____

Please check the type of test you took: Course test(s) and/or hands-on assessment OR Proficiency Test

C. Experience and Education (Initial Certification for Supervisor, Project Designer, or Risk Assessor only)

If applying for Inspector or Worker, do not complete this section.

For each discipline, check the combination you are using below:

Supervisor: (A or B must be checked.)

A. 1 year experience as certified lead abatement worker. B. 2 years experience in building trades or related field*

Project Designer (A or B must be checked.)

A. Bachelors degree in engineering, architecture, or Related profession, AND 1 year experience in building construction and design or related field* B. 4 years experience in building construction and design or related field*

Risk Assessor: (A, B, C or D must be checked.)

A. Bachelors degree AND 1 year experience in related field* B. Associates degree AND 2 years experience in a related field*

C. Certification as industrial hygienist, professional engineer, registered architect OR Certification in related engineering/health/environment field (e.g., safety professional, environmental scientist) D. High School/GED AND 3 years experience in related field*

*Examples of related fields include lead, asbestos, environmental remediation work, or construction.

For experience combinations checked above, answer each of the following (attach additional sheets of paper, as necessary):

Requested Discipline: _____ Current Occupation Title: _____ Company Name: _____

Dates employed: _____ Documentation attached: Resume Reference Letter Summary of work

For education checked above, answer each of the following (Attach additional sheets of paper, as necessary):

School: _____ Major/Course of Study: _____ Degree: _____ Year: _____

Document attached: Diploma Transcript

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

<u>2-Year Individual Certification</u>	
<input type="checkbox"/> Inspector.....\$100.00 <input type="checkbox"/> Risk Assessor.....\$100.00 <input type="checkbox"/> Project Designer.....\$100.00	<input type="checkbox"/> Supervisor.....\$100.00 <input type="checkbox"/> Abatement Worker.....50.00

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.**

I hereby attest and affirm the following:

- The information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge.
- I will maintain my certification(s) according to 16 DE Administrative Code 4459, Section 4.0.
- I will follow the work practice standards set forth in 16 DE Administrative Code 4459, Section 5.0 for conducting lead-based paint at all times and will conduct lead-based paint activities only in those disciplines and geographical areas in which I have received certification.
- I will permit Department of Health and Social Services staff access to business premises and facilities, including work sites, to conduct inspections and take samples.
- I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

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 November 1, 2012, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)t; Date of Effect November 10, 2012.

Mail your application to:
Delaware Health and Social Services
Division of Public Health
Office of Healthy Environments/Lead Poisoning Prevention
417 Federal Street
Dover, DE 19901

For assistance in completing this application, please call (302) 744-4546

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