DEPARTMENT OF HEALTH SERVICES

Division of Public Health

F-00171 (Rev. 9/12)

STATE OF WISCONSIN

Bureau of Environmental & Occupational Health DHS 163, Wis. Adm. Code

LEAD (Pb) CERTIFICATION APPLICATION - COMPANY

Incomplete or unreadable applications may delay processing and an additional processing fee of \$25 may be charged.

Under section 254.115, Wis. Stats., a company must provide its Federal Employer Identification Number (FEIN), or, if a sole proprietorship, the applicant's social security number (SSN), when applying for company certification. If the sole proprietor does not have a Social Security number, then a signed statement made under oath or affirmation that the applicant does not have a social security number is required. Information collected on this form, other than the SSN, may be shared with other government agencies for compliance review and may be available to the public under an open records request. DHS #: _ ☐ Lead Company: Initial certification Renewal ☐ Lead-Safe Company: Initial certification Renewal DHS #: ___ **COMPANY INFORMATION** Please print neatly. Company Name Federal Employer ID No. (FEIN), or sole proprietor's name and Social Security No. (SSN) Tax Status ☐ For Profit ☐ Nonprofit Mailing Address City State Zip+4 Records Street Address (if different) City State Zip+4 Telephone No. Fax No. Email Cellphone No. **Type of Company** Check all that describe your company/organization. ☐ Lead Abatement Contractor ☐ WI Local Government: ☐ Health ☐ Housing ☐ Other ☐ University / College Lead Consultant □ WI State Government Agency ☐ Painting Contractor ☐ Siding/Roofing Contractor ☐ Lead Training Provider ☐ Housing – Non-Government ☐ Lead-Safe Renovator ☐ Property Owner or ☐ Property Management □ Window Contractor ☐ Industrial / Manufacturing / Utility / Institutional / Commercial ☐ Construction Contractor Other: ☐ CAP / Weatherization ☐ WI K-12 School **CERTIFICATION FEE** Enclose check or money order payable to **DHS**. ☐ Lead Company - \$75 Fees cannot be refunded or prorated. An additional fee will be charged for checks not honored by the bank. Payment by VISA or ☐ Lead-Safe Company - \$75 MasterCard credit or debit card is only accepted if applying Replacement company certificate - \$25 ONLINE. Go to www.dhs.wi.gov/WALDO to apply. Fee Exempt: WI state government /university ☐ WI local government ☐ WI K-12 school (public or private nonprofit) PUBLIC DIRECTORIES Check the public directories in which you would like to be listed if you qualify. ☐ Lead Abatement Contractor Directory – Must employ a certified Lead Abatement Supervisor Lead Consultant Directory - Must employ a certified Lead Inspector, Hazard Investigator or Risk Assessor ☐ Lead-Safe Renovation Company Directory – Must employ a certified Lead-Safe Renovator or Abatement Worker or Supervisor AFFIRMATION OF APPLICANT Applicant must sign this statement. I state that I am an authorized representative of the company referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false statements made in connection with this application may be grounds for denial or revocation of certification or other disciplinary or legal action. Neither this company, nor any owner, officer or authorized representative of this company has been cited for a violation of a federal, state or local asbestos regulation within the past three years (except as described in the attached document). **SIGNATURE** – Authorized Representative Date Signed (mm/dd/yy) **Complete Page 2** ☐ Pers Ck ☐ Co Ck ☐ MO For DHS only **DWD Check** Deposit Date Amount Paid \$

Name of Company

AUTHORIZED COMPANY REPRESENTATIVES List employees authorized to speak or sign for the company.				
Name	Title	Social Security No.		DHS Certification No., if any
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CERTIFIED EMPLOYEES List all employees currently certified by DHS to perform lead-based paint activities.				
Name	Discipline		DHS Ce	ertification No.
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SUBMIT APPLICATION				
Mail or deliver to:				
Department of Health Services				
Lead & Asbestos Section, Room 137				
1 West Wilson Street				
PO Box 2659				
Madison WI 53701-2659				
Call 608-261-6876 if you have questions.				