Division of Public Health F-44003 (Rev. 9/12)

LEAD (Pb) CERTIFICATION APPLICATION – INDIVIDUAL

Please read instructions on page 4 before completing this form. Failure to complete required sections will delay processing.

Under sections 250.041 and 254.115, Wis. Stats., an individual must provide their Social Security Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent in payment of taxes or child support and will not be available to the public. Personally identifiable information necessary for processing this application and 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.

Applying for:	Initial Certification	Renewal Certification DHS Certification Number :	
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INDIVIDUAL INI	FORMATION								
Name (First, Midd	le, Last, includ	ding any	[,] suffix - Jr, Sr, III)			Social Security Number (required see above)			
Mailing Address				City		State	Zip + 4		
Gender	Male	Date o	f Birth (mm/dd/yy)		Height	Feet	Inches	Weight	
Home Telephone	No. -		Cellphone No.		Email				
COMPANY INF	ORMATION								
Provide information	n about emplo	oyer, or	business if self-empl	loyed. If compa	any is not	s not certified, submit a lead company application.			
Company Name						DHS Lead Company Certification Number			
Mailing Address									
City						State	e Zip+4		
								ssessor disciplines	
Certification exar Check the approp		for initia	al certification as a le	ead supervisor	, hazard	ard investigator, inspector, and risk assessor disciplines.			
S50 registratio	on fee enclose	ed. <u>Sup</u>	<u>ervisors only</u> may ch	neck here 🗌 to	request	Spanish la	nguage exam		
Requested exam	location:	Madiso	on 🗌 Milwaukee	🗌 Eau Clair	e 🗌 G	ireen Bay	ו Bay		
I previously pa	assed a certifi	cation e	xam and am current	tly certified to w	vork in an	other state	e. (enclose proof	of exam and certification)	
			the discipline and fee						
Write check or mo	oney order pa	yable to	DHS. Fees cannot	be refunded o	r prorated	d. An addi	tional fee will be	charged for checks not honored	
Discipline		Exam	1-Year Certification*	2-Year Certification*	* Total	Foo		Certification: First-time applicants	
Lead-Safe Re	novator	LAIN		\$50	Total			ate certification exam may only ear certification. Renewal	
Abatement W				□ \$75	\$\$\$\$\$\$\$\$			ay apply for a 1-year	
Abatement S		□\$5	0 🗌 \$125	\$225	\$		certification.		
Project Desig			🗌 \$175	\$ 325	\$				
Sampling Tec					<u>\$</u>				
Hazard Inves	tigator				\$		certification or choose 1-year certification.		
 Inspector Risk Assesso 	r	□ \$5 □ \$5		□ \$275 □ \$325	<u>\$</u>			-	
	Replaceme			ψυΖυ	Ψ				
	Out-of-Stat						Total Enclos	ed \$	
Government F			ested – see instructio	ons on page 4.					
TRAINING List t	he most recen	t training	g course completed fo	or this discipline.					
Training Provider			Trair	ning Dates		Ci	ty	State	
				Complete 1-111					
For DHS only	DWD Check		Pers Ck 🗌 Co	$\frac{\text{Complete addition}}{Ck} \square MO$		s nount Paid		Deposit Date	
					\$				

Applicant Name (First, Middle, Last)

OTHER LICENSES, REGISTRATIONS OR CERTIFICATIONS

Within the past 5 years, did you have a lead license, registration or certification issued by another state, Indian tribe or the U.S. Environmental Protection Agency? Yes No If yes, issued by:

ENFORCEMENT ACTIONS

Within the past 5 years, did you have a lead license; certification or registration denied, suspended or revoked by another state, Indian tribe or the U.S. Environmental Protection Agency? Or, within the past 5 years, was action taken against you for a civil or criminal violation of statutes, regulations or ordinances of the United States, in this state, any other state, or any local government substantially related to lead-based paint activities or other environmental activities? Yes No If yes, what action was taken, why and by whom?

COMPANY CERTIFICATION REQUIREMENT Certified persons must work for a certified company before conducting regulated activities.

Check one of the following.

I currently work for or own a certified lead company or lead-safe company, or will work for a certified company before I do any regulated work
My company application is analoged

My company application is enclosed.

APPLICATION REQUIREMENTS Check that the following materials are submitted:

Application completed and signed. Page 3 of the application, Education and Experience Qualifications, is required for Lead Abatement Supervisor, Project Designer, Hazard Investigator, and Risk Assessor applications.

Fee paid by check or money order payable to **DHS**.

XRF manufacturer's training certificate for Lead Inspector and Risk Assessor applications.

Applicants completing training Out-of-State must also submit all of the following:

Wisconsin Regulatory Worksheet completed by applicant (except lead-safe renovator or abatement worker applicants).

- Photo, passport style. Please check one box below:
 - Photo attached with application.
 - Photo emailed from:
 - Email as a 'jpeg' file to <u>dhsasbestoslead@wi.gov</u>. In email subject line type: **Application-applicant name, DHS number**, if assigned. (Example: Application-John Doe, LCS-1234)

Clear copy of an official photo ID with birth date. (such as driver's license)

- Copy of **current state certification** from the other state.
- Training certificates for all training completed in the discipline, originals or copies. If using copies, the most recent certificate must be notarized as a true copy. Any originals will be returned to applicant.
- Proof of passing a state certification exam for Lead Supervisor, Inspector, Hazard Investigator or Risk Assessor applicants, unless registering to take the Wisconsin exam.

\$25 processing fee required in addition to the certification fee for the discipline.

AFFIRMATION OF APPLICANT

I state that I am the person referred to on this application and that all the answers and information provided are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for denying or revoking my certification or for other disciplinary or legal action. I also understand that if I am issued a certification card, failure to comply with the laws or rules of the State of Wisconsin may be cause for disciplinary or legal action.

 SIGNATURE – Applicant
 Date Signed (m/d/y)

 SUBMITTAL

Mail or deliver to:

Department of Health Services Asbestos and Lead Section, Rm 137 1 W Wilson Street P.O. Box 2659 Madison WI 53701-2659

d Investigator, or Risk	ct Designer, Hazard I	visor, Project I	ead Abatement Sup	age if you are a first-time Le	Complete this pa Assessor applica
			TIONS		
			Jr., Sr., or III	(First, Middle, Last) include e.g.	Name of Applicant (I
					EDUCATION
ut must be provided for review	nitted with this form, but r	ve to be submitte	ocumentation does not	t level of education obtained. Do request.	Indicate the highest by DHS staff upon re
Diploma, degree, or hours/credits earned if no degree awarded		Start month/yea	Name of school	/pe of school hnical College, College, Other)	
struction. Clearly describe				xperience in lead, asbestos, or er	
		Department of Hea (month/year)	· · ·	nd be prepared to submit docume	your experience and Employer / Organiza
				SSIONAL CERTIFICATION	OTHER PROFES
	5 1 5			documents that verify your pro	
gency / Organization		Expiration (month/year)	Start (month/year)	n / Registration	Type of Certification
					AFFIRMATION O
ŗ	all statements I have r	signature that all	vit. I further affirm by n	e person referred to on this affida	I state that I am the

I state that I am the person referred to on this affidavit. I further affirm by my signature that all statements I have made regarding my education and experience are true. I understand that false or forged statements made in connection with this affidavit may be grounds for denial or revocation of my certification or other disciplinary or legal action. If requested by DHS staff, I will provide documentation to verify I meet the required qualifications as I have stated on this form.

SIGNATURE - Applicant

Date Signed (mm/dd/yy)

MINIMUM QUALIFICATION REQUIREMENTS Check the box under your discipline that represents your qualifications.

Lead Abatement Supervisor – Meets at least one of the following:

- One year of experience as a certified lead abatement worker.
- At least 2 years of experience in a related field, such as environmental remediation or the construction trades.

Lead Risk Assessor / Hazard Investigator – Meets at least one of the following:

- Bachelor's degree or higher and 1 year experience in a related field.
- Associate's degree and 2 years of experience in a related field.
- A high school diploma, or equivalent, *and* at least 3 years of experience in a related field.
- Certification as an industrial hygienist, professional engineer, registered architect, or certification in a related engineering, health, or environmental field, based on a minimum of a 4-year college degree (e.g., safety professional or environmental scientist).

Registered nurse or registered sanitarian employed by a health department that provides oversight of your activities

Lead Project Designer – Meets at least one of the following:

- Bachelor's degree or higher in engineering, architecture, or a related profession *and* 1 year experience in building construction and design or a related construction field;
- Four years of experience in building construction and design or a related construction field.

LEAD CERTIFICATION APPLICATION – INDIVIDUAL INFORMATION & INSTRUCTIONS

Personally identifiable information collected on this application will be used to determine eligibility for certification. The information may be shared with other governmental agencies as part of enforcement activities. Since information may also be available under an open record request, you may choose to provide a work address and telephone number instead of home information. Under sections 250.041 and 254.115, Wis. Stats., an individual must provide his or her Social Security Number (SSN) to be certified. The SSN may be used to determine delinquency on payment of taxes or child support, which may lead to denial or revocation of certification. The SSN will not be made available to the public.

The application must be complete, accurate and legible. An incomplete application will be returned without processing.

CERTIFICATION

Initial Certification - Check this box if applying for the first certification in this discipline. Also check this box when your certification has been expired for more than 1 year.

If applying for Lead Abatement Supervisor, Hazard Investigator, Inspector, or Risk Assessor certification, you will be issued an interim certification if you completed initial or refresher training within the past 6 months and have not held interim certification in the past. This allows you to work before you pass the certification exam. Interim certification expires 6 months after the last date training was completed.

Applicants completing out-of-state training shall come in person to the certification office located in the DHS building at 1 W Wilson Street, Room 137, Madison WI and present 2 forms of Identification, at least one being official photo identification such as driver's license or passport.

Renewal Certification - Check this box if you are applying for a renewal certification and include your DHS Certification number.

INDIVIDUAL INFORMATION

Mailing address - This is the address where your certification card and renewal notice will be mailed. You are required to notify us when your mailing address changes. However, if you move frequently, you may want to use your employer's mailing address.

Home, Fax, Cellular Telephone, Pager Numbers, and Email Address - If you have these available, print them in the space provided on the application. DHS will contact these numbers if questions arise while processing the application.

COMPANY INFORMATION - Provide the name of your employer or, if self-employed, the name of the business under which you perform leadbased paint activities or lead investigation activities. To help us associate your information with the correct company, also provide the DHS lead company certification number. You must own, be employed by, or otherwise affiliated with a certified lead company before you perform lead abatement or lead investigation activities.

MANDATORY CERTIFICATION EXAM - If you are applying for Lead Abatement Supervisor, Hazard Investigator, Inspector, or Risk Assessor initial certification, you are required to pass the state certification exam. Check the desired exam location. You will be notified of the next available exam in your requested location

Documentation instead of State Certification Exam - You do not have to take the Wisconsin certification exam if you previously passed a qualified certification exam offered by EPA, another state, or an Indian tribe, and are currently certified to work in another state. However, you must enclose proof of passing the exam and a copy of your current certification to work in that state. In addition, you must complete and submit a regulatory worksheet to demonstrate knowledge of Wisconsin lead regulations under ch. DHS 163, Wis. Adm. Code. To request a copy of the worksheet and regulations, contact the Asbestos and Lead Section.

CERTIFICATION FEE - Enclose a check or money order payable to the Department of Health Services or **DHS**. Fees may not be refunded or prorated. DHS charges a fee for checks not honored by the bank.

Government fee exemption: Wisconsin state and local government employees who are required to be certified to perform their job duties are exempt from paying certification fees. If claiming a fee exemption, enclose a letter from agency management on agency letterhead explaining why certification is required to perform your work duties.

TRAINING - First-time applicants must have a complete training history on file with DHS, including all required initial and refresher lead training certificates for the discipline.

X-Ray Fluorescence (XRF) Training - All initial and renewal Lead Inspector and Risk Assessor applications must include proof that the applicant completed XRF training under ch. DHS 157, Wis. Adm. Code. This training may be offered by an XRF manufacturer or by another qualified training provider.

DHS-accredited training - The DHS-accredited training provider will submit your training certificate information directly to DHS. To be sure your application is correctly linked to your most recent training for this discipline, provide the training dates and the name of the training provider on the application.

OTHER LICENSES, REGISTRATIONS OR CERTIFICATIONS AND ENFORCEMENT ACTIONS - You (the applicant) must personally answer both questions.

AFFIRIMATION OF APPLICANT - You (the applicant) must personally sign and date the affirmation statement.