

E. Certification Statement

Fill in the blanks in the following statement as indicated.

_____ attests that _____ shall only

Name of Attesting Individual

Name of Firm

employ appropriately certified individuals to conduct lead-based paint activities.

_____ and its employees shall follow the work practice standards in

Name of Firm

§11-41-6 for conducting lead-based paint activities at all times.

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcement, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. 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.

Attesting Individual's Signature
(Please sign legibly within the boundaries of the box above.)

Date Signed

Attesting Individual's Title (Please print.)

Before you mail your application and certification fee, make sure that you have:

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed the appropriate certification fee of \$400.00 (check or money order). There will be a \$25.00 service fee for a check dishonored by the bank.
- Printed "*State Department of Health*" on the check or money order

SEND TO:
STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
LEAD-BASED PAINT SECTION
99-945 HALAWA VALLEY STREET
AIEA, HI 96701
PHONE (808) 586-5800 FAX (808) 586-5811