



FOR OFFICIAL USE ONLY
Date Received: _____
Rec. Number: _____
Comments: _____

# APPLICATION FOR INDIVIDUALS to Conduct Lead-Based Paint Activities

Please type or print responses in black or blue ink.

## A. General Information

Selection one of the following application types:

- Initial certification application
- Re-certification application
- Replacement of identification badge
- Replacement of certificate
- Replacement of identification badge and certificate

Indicate the discipline(s) for which you seek certification or re-certification:

	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Fee
I = Initial	I	R	I	R	I	R	I	R	I	R	
R = Refresher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certification exam fee for <i>initial certifications</i> (\$25 each) (Does not apply to project designers or abatement workers.)											\$ _____
Replacement of certification document (\$15 each) (Identification Badge or Certificate)											\$ _____
<b>Total Fee:</b>											\$ _____

## B. Applicant Information (All applicants)

Mr.  Mrs.  Ms. Name: \_\_\_\_\_  
Last First Middle

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ ext. \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

\*In the event that we cannot reach you, please list another contact name and number (optional):

\_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address, Apt. Number (Please no P.O. Box) City State Zip Code

Company Name & Address: \_\_\_\_\_  
Name Street Address, Suite Number City State Zip Code

Applicant's E-mail Address (optional): \_\_\_\_\_

To which address should correspondence be sent?  Home  Company  Other (please attach)

Social Security #: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race/Ethnicity (optional): \_\_\_\_\_  
Last 4 digits Month/Day/Year

Country of Legal Residence: \_\_\_\_\_ Gender:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Feet inches Pounds

**C. Reciprocity (Initial Certification applicants only)**

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

If you answered yes, please complete Section C. Also, attach a copy of your valid certificate and license.

Inspector: EPA Region/State/Tribe \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Supervisor: EPA Region/State/Tribe \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Risk Assessor: EPA Region/State/Tribe \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Project Designer: EPA Region/State/Tribe \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Abatement Worker: EPA Region/State/Tribe \_\_\_\_\_ Expiration Date \_\_\_\_\_

**D. 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 Completed Training: \_\_\_\_\_  
Month/Day/Year

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

Training Certificate Identification Number: \_\_\_\_\_

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

If applying for Inspector or Worker, go to Section F.

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\*

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

**Project Designer: (A or B must be checked.)**

**A**  Bachelor's 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\*

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

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

**A**  Bachelor's degree AND  
1 year experience in related field\*

**B**  Associate's degree AND  
2 years experience in 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: \_\_\_\_\_

Documentation attached:  Diploma  Transcript

**F. Lead-Based Paint Activity Violations (All applicants)**

Do you have any past, present, or pending lead-based paint activity violations of EPA, State, U.S. Territory, or Indian Tribal land(s) regulations?  Yes  No

If yes, please attach a written explanation.

**G. Additional Information (All applicants)**

Use the following space for any additional information or comments that you feel are relevant and want the State Department of Health to consider with your application. Attach additional sheets of paper, as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Signature (All applicants)**

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.

Please sign your name and write the date in the blanks below if you understand and agree with the following statement: 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 is based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to §11-41-5, follow work practice standards according to §11-41-6, and conduct lead-based paint activities only in those disciplines and geographical areas in which I have received certification.

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

\_\_\_\_\_  
Date Signed

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


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- Filled out applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed your original course completion certificate(s)
- Enclosed documentation of your education, experience, and professional certification(s), if necessary
- Enclosed any other documentation as needed
- Enclosed the appropriate certification fee(s) (check or money order only). 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
- Call (808) 586-5800** for an appointment if this is an initial certification or if you wish to process the certification in person

**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