



Lead Professional Certification - RENEWAL APPLICATION -

The Michigan Lead Abatement Act of 1998 requires certification of individuals engaged in lead-based paint activities in the state of Michigan. Certification is valid for three years, with an annual maintenance fee. Prior to the end of each three year period, a certification in good standing may be renewed by successful completion of an appropriate refresher course and third party exam. Upon successful completion of the exam, a State of Michigan lead certification card will be issued to you. An individual is eligible to take the certification exam no more than three times within six months after receiving a course completion certificate.

Please update application information. Type or print in ink; illegible applications will delay processing.

1. Individual

2. Employer

Full Name: _____
Home Address: _____
City, State, Zip: _____
Home phone: _____
Cell phone: _____
Home Email: _____

Employer Name: _____
Work Address: _____
City, State, Zip: _____
Work Phone: _____
Fax number: _____
Work Email: _____

3. Certification Information

Apply a \$25 Late Fee on Applications Received After March 31st.

<u>Discipline</u>	<u>Certification Renewal Fee</u>	<u>Exam Fee</u>	<i>Official Use Only:</i>
Lead Worker	\$25.00	\$75.00	Amount Received: _____
Lead Supervisor	\$50.00	\$75.00	Date Received: _____
Lead Inspector	\$150.00	\$75.00	Received by: _____
Lead Inspector Risk Assessor	\$300.00	\$125.00	Training Provider: _____
Project Designer	\$150.00	-No Exam-	Course Date (s): _____
EBL Investigator	-No Fee-	-No Fee-	

4. Other Registrations, Certifications, Licenses, and Enforcement Issues

1. Within the last three years, have you been issued a license or certification by another state, Indian tribe or the U.S. Environmental Protection Agency (EPA)? YES ___ NO ___ **If Yes, please enclose copies of registration/ license/ certification card or certificate.**
2. Within the last three years, have you had a license or certification suspended, denied, modified, or revoked by any state, Indian tribe, or U.S. EPA? YES ___ NO ___ **Explain on a separate sheet of paper if necessary.**
3. If you, or your company, has received a violation or citation from a State or U.S. EPA has the fine been paid in full? YES ___ NO ___ NO Citations ___ **Explain on a separate sheet of paper if necessary.**

5. Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application will result in immediate denial or revocation of MDHHS certification. As an additional condition of certification, I hereby agree to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. **Violation of any of these may result in fines, or revocation of MDHHS certification.**

Applicant name (Please Print) _____

Applicant signature _____

Date _____

Your name, employer, and employer's phone number will be added to the State of Michigan website for certification verification purposes.

Fees enclosed: \$ _____	If exempt from fees check box. <input type="checkbox"/>	<i>Indicate exam date preference</i>	Certification Number: P- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

Mail this form, appropriate fees, and all required attachments to: **Michigan Department of Health and Human Services
Accounting Division
P.O. Box 30437
Lansing, MI 48909**

(Make checks or money orders payable to State of Michigan.)