



Healthy Homes Section

PO Box 30037, Suite 410
Lansing, MI 48909
Ph: 517-335-9390
Fax: 517-284-9956

Certification of Work Experience

The information herein will be used to determine qualifications of lead professional certification applicants, in accordance with the Lead Abatement Act of 1998.

Discipline for which application is being made: _____
(Supervisor, Risk Assessor, Project Designer)

Name of Individual seeking certification: _____

Home Address: _____

Phone: _____ Email Address: _____

Please provide the following information as completely and accurately as possible. Any misrepresentation may result in denial or revocation of certification and associated privileges, and/or assessment of a penalty, as specified in the Lead Abatement Act.

I hereby certify that the following is a true representation of my work history.

Signature _____ Date _____

DATES

WORK HISTORY

From _____

Employer _____

To _____

Address _____

City _____ Zip _____ (_____) _____
Work phone

Work description _____

DATES

WORK HISTORY

From _____

Employer _____

To _____

Address _____

City _____ Zip _____ (_____) _____
Work phone

Work Description _____

Additional information may be entered on the reverse side of this form.

DATES

WORK HISTORY

From _____

Employer _____

To _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work Description _____

DATES

WORK HISTORY

From _____

Employer _____

To _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work description _____

DATES

WORK HISTORY

From _____

Employer _____

To _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work Description _____

Please submit this completed form with your Lead Professional Application.