



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: _____ Soc. Sec. No.: _____ Date of Birth: Mth _____ Day _____ Yr _____ Home phone: _____ Cell phone: _____	Employer Name: _____ Work Address: _____ City, State, Zip: _____ Work Phone: _____ Fax number: _____ Home Email : _____ Work Email: _____
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3. Certification Information Check all which apply

Discipline	Certification renewal fee	Exam fee	<i>Official use only</i>
Lead Worker	\$25.00	\$75.00	Amount received \$ _____
Lead Supervisor	\$50.00	\$75.00	Date: _____
Lead Inspector	\$150.00	\$75.00	Received by: _____
Inspector/Risk Assessor	\$300.00	\$125.00	Refresher Training provider: _____
Project Designer	\$150.00	-NO EXAM-	_____
EBL Investigator	-NO FEE-	-NO FEE-	Course dates: _____

4. Enforcement Actions

Within the last three years, have you had a license or certification denied, modified, suspended or revoked by any state Indian tribe, or the U.S. Environmental Protection Agency? NO YES . Explain on back of form 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 MDCH 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 MDCH certification.**

_____ Applicant signature _____ Date _____
 Your name, employer, and employer's phone number will be added to the State of Michigan website for certification verification purposes.
 No Social Security Numbers will be posted.

Fees enclosed: \$ _____	If exempt from fees check box. <input type="checkbox"/>	<i>Indicate exam date preference</i>	Cert . Number: P-
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Mail this form, appropriate fees, and all required attachments to:

(Make check or money order payable to the State of Michigan.)

**Michigan Department of Community Health
Accounting Division
P.O. Box 30437
Lansing, MI 48909**