



## 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: _____
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### 3. Certification Information Circle all that apply

Discipline	Certification renewal fee	Exam fee	<i>Official Use Only:</i>
<b>Lead Worker</b>	\$25.00	\$75.00	Amount Received: _____
<b>Lead Supervisor</b>	\$50.00	\$75.00	Date Received: _____
<b>Lead Inspector</b>	\$150.00	\$75.00	Received by: _____
<b>Inspector/Risk Assessor</b>	\$300.00	\$125.00	Training Provider: _____
<b>Project Designer</b>	\$150.00	-NO EXAM-	Course Date (s): _____
<b>EBL Investigator</b>	-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 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 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>	<b>Cert . Number: P-</b>
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**Mail this form, appropriate fees, and all required attachments to:**

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

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