Michigan Department of Community Health

MDCH

Lead Professional Certification
- RENEWAL APPLICATION -

Healthy Homes Section
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-9390
FAX: (517)335-8800

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

Full Name: _____

Home Address: _____

City, State, Zip: _____

Soc. Sec. No.: _____

Date of Birth: Mth_____ Day_____ Yr_____

Home phone: _____

Cell phone: _____

2. Employer

Employer Name: _____

Work Address: _____

City, State, Zip: _____

Work Phone: _____

Fax number: _____

Home Email : _____

Work Email: _____

3. Certification Information

Check all which apply...

Discipline	Certification renewal fee	Exam fee
Lead Worker	$25.00	$75.00
Lead Supervisor	$50.00	$75.00
Lead Inspector	$150.00	$75.00
Inspector/Risk Assessor	$300.00	$125.00
Clearance Technician	$50.00	$75.00
Project Designer	$150.00	-NO EXAM-

Official use only

Amount received $ _____

Date: _____

Received by: _____

Refresher Training provider:

_____

Course dates: _____

Total fees enclosed: $_____

Indicate exam date preference, if any:

Certification Number:

P-

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.

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

Authority: P.A. 368 of 1978, as amended