



## 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 \_\_\_\_\_

Home telephone no. (\_\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

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.

### DATES

### WORK HISTORY

\_\_\_\_\_  
from  
\_\_\_\_\_  
to

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City Zip Work phone  
\_\_\_\_\_  
Work description

### DATES

### WORK HISTORY

\_\_\_\_\_  
from  
\_\_\_\_\_  
to

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City Zip Work phone  
\_\_\_\_\_  
Work description

*additional information may be entered on the reverse side of this form*

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DATES

WORK HISTORY

\_\_\_\_\_

from

\_\_\_\_\_

Employer

\_\_\_\_\_

to

\_\_\_\_\_

Address

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

City Zip Work phone

\_\_\_\_\_

Work description

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DATES

WORK HISTORY

\_\_\_\_\_

from

\_\_\_\_\_

Employer

\_\_\_\_\_

to

\_\_\_\_\_

Address

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

City Zip Work phone

\_\_\_\_\_

Work description

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

\_\_\_\_\_

Signature

\_\_\_\_\_

date

**Submit this completed form with your Lead Professional Application.**