



INITIAL APPLICATION
Lead Professional Certification

The Michigan Lead Abatement Act requires individuals engaging in lead-based paint activities be certified through the Michigan Department of Health and Human Services (MDHHS) prior to conducting work.

Please type or print in ink. Illegible applications will delay processing. Send completed application to address at top of page. A Social Security Number (SSN) is required for certification. If you were not issued an SSN, a completed affidavit is required (visit <https://bit.ly/3gVdU7Z> for the affidavit form).

Full Name: Date of Birth: Soc. Sec. No.:

I was not issued a Social Security Number.

Home Address: City: State: Zip:

Primary Phone: Home Cell Work Do not list number

Secondary Phone: Home Cell Work Do not list number

Primary Email: Secondary email:

Lead Certified Employer:

Employer Address: City: State: Zip:

Phone: Fax: Work email:

Opt out of having your name, employer, and employer's phone number advertised on the State of Michigan's website as a lead abatement services provider.

How did you hear about becoming certified?

TV commercial/ad Radio Social media Word of mouth

Employer MDHHS workforce development initiative

Other

OFFICIAL USE ONLY
MI Lead Certification No.
Received By:
Date:
Exempt from fees:

Qualifications Checklist – (“Do you qualify for the discipline?”)

DISCIPLINE	DESCRIPTION
Lead Abatement Worker	No experience required.
Lead Abatement Supervisor	One year as a lead abatement worker or two years of construction related experience.
Lead Inspector	No experience required.
Lead Inspector/Risk Assessor	1-year related experience + bachelor’s degree; OR 2-years’ related experience + associates degree; OR 3-years’ related experience + high school diploma
EBL Investigator	Current certification as a Lead Inspector/Risk Assessor
Project Designer	Bachelor’s degree in engineering, architecture, or related field; OR 2 years’ experience in construction or environmental remediation field

If applying for reciprocity, verify out of state training meets Michigan requirements outlined in Act 333.5468 and Rules 325.99301 – 325.99304 by contacting the Department at 517-335-9390 or HHSInfo@Michigan.gov.

Certification Fees

Please indicate discipline(s) and total fees enclosed. Fees include cost for application, certification(s), and exam. Certification fees are pro-rated based on the month submitted. **Fees are non-refundable.**

Date Applied Please only select the date range you are applying (ex. option 1).	Lead Abatement Worker	Lead Abatement Supervisor	Lead Inspector	Lead Inspector / Risk Assessor	EBL Investigator	Project Designer	Amount Due for Discipline	
Option 1: March - August	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$475	<input type="checkbox"/> No fees	<input type="checkbox"/> \$175		
Option 2: September - February	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/> No fees	<input type="checkbox"/> \$100		
<i>I am a scholarship applicant / health department employee and I do not need to submit any fees.</i>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	\$ 0	
<i>Make checks payable to the State of Michigan</i>							TOTAL AMOUNT ENCLOSED	

Please indicate the date and location you wish to take your exam:

Date:

Location:

Reasonable accommodations for the exam are provided upon request. Please submit request to LCCAINfo@michigan.gov or call 517-335-9390.



Certification of Work Experience

DATES WORK HISTORY

From (mm/yy):

Employer:

To (mm/yy):

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

DATES WORK HISTORY

From (mm/yy):

Employer:

To (mm/yy):

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

DATES WORK HISTORY

From (mm/yy):

Employer:

To (mm/yy):

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

Certification of Work Experience Cont.

<u>DATES</u>	<u>WORK HISTORY</u>			
From (mm/yy):	Employer:			
To (mm/yy):	Address:			
	City:	State:	Zip:	Work phone:
Work description (provide specific tasks performed):				

Other Registration(s), Certification(s), License(s), and Enforcement(s)

Within the last three (3) years have you had a license or certification suspended, denied, modified, or revoked by any state, Indian tribe, or U.S. EPA?	Yes
<i>If yes, please explain on a separate sheet of paper and include in application.</i>	No

For renewal notices, memorandums, newsletters, special events, surveys, and other communications, my preferred method of contact is: (select one option below; if left blank the electronic option will be the default selection)

Electronic (email) - *if selecting this option, ensure an email is provided on page 1*

Paper (mail)

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 may result in immediate denial or revocation of MDHHS certification. As a 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 denial, fines, or revocation of MDHHS certification. Additionally, I understand that I am responsible for requesting any reasonable accommodations from my employer to perform this work.

Applicant Name	Signature	Date
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