



MDHHS-Cashier Unit
235 S. Grand Ave., Ste. 801, Lansing, MI 48933
Ph: 517-335-9390
Fx: 517-284-9956
LCCInfo@michigan.gov

RENEWAL 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.

Full Name: Date of Birth: MI Certification No.:
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.

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 No
If yes, please explain on a separate sheet of paper and include in application.

Are you a health department employee? Yes No

OFFICIAL USE ONLY
MI Lead Certification No.

Received By:

Date:

DCH-0047R Revised (05/2022)

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

This form may be photocopied freely, provided both sides are copied in full.

Exempt from fees:

Certification Fees

Please indicate discipline(s) and total fees enclosed. Fees include cost for certification renewal and exam. **A \$25 late fee will apply for applications received after March 31. Fees are non-refundable.**

Date Applied	Lead Abatement Worker	Lead Abatement Supervisor	Lead Inspector	Lead Inspector / Risk Assessor	EBL Investigator	Project Designer	Amount Due for Discipline
Renewal fee	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300	<input type="checkbox"/> \$0	<input type="checkbox"/> \$150	
Exam fee	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$0	<input type="checkbox"/> N/A	
<i>I am a health department employee and I do not need to submit any fees to renew or for an exam.</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
Late fee	<input type="checkbox"/> \$25 (applies to applications received after March 31)						
<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: _____

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.**

Applicant Name _____

Signature _____

Date _____

Your name, employer, and employer's phone number will be advertised on the State of Michigan website as a lead abatement services provider.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need the above services, contact the MDHHS Section 1557 Coordinator.

If you believe that MDHHS has failed to provide the above services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MDHHS Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the MDHHS Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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MDHHS is an equal opportunity provider.

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 517-335-9390 (TTY users call 711).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 517-335-9390 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 517-335-9390 (رقم هاتف الصم والبكم:-:711:TTY).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 517-335-9390 (TTY:711)
Syriac (Assyrian)	ⲙⲓⲛⲉⲧⲉⲗⲁⲛⲟⲩ: ⲛⲓ ⲛⲁⲕⲁⲛ ⲛⲉⲧⲉⲗⲁⲛⲟⲩ، ⲛⲓ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲧⲉⲗⲁⲛⲟⲩ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ 517-335-9390 (TTY:711) ⲛⲉⲃⲱⲛⲁ ⲛⲉⲃⲱⲛⲁ
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 517-335-9390 (TTY:711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 517-335-9390 (TTY:711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 517-335-9390 (TTY:711)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৫১৭-৩৩৫-৯৩৯০ (TTY ১-৭১১)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 517-335-9390 (TTY:711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 517-335-9390 (TTY:711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero 517-335-9390 (TTY:711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。517-335-9390（TTY:711）まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 517-335-9390 (телетайп 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 517-335-9390 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 517-335-9390 (TTY: 711).