



LEAD OCCUPATION CERTIFICATE APPLICATION
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTHY HOMES AND LEAD HAZARD PREVENTION PROGRAM
 1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612
 1-866-865-3233 www.kshealthyhomes.org

GENERAL INFORMATION

Individuals applying for a certification to conduct lead-based paint activities in Kansas must provide all of the information requested in this application. A lead occupation certificate may be issued to any person who has made application and provided proof of certification or licensure from another state, provided that KDHE has entered into a reciprocity agreement with that state, and the necessary fees have been paid to KDHE. Individuals applying for a certificate by reciprocity to conduct lead-based paint activities in Kansas must provide all of the following information requested in this application.

A **complete application** includes:

1. A completed Lead *Occupation Certificate Application / Reciprocity Application* form,
2. A copy of your KDHE/EPA accredited training provider certificate, or a copy of a Kansas reciprocal state license/certification certificate(s) in the occupation for which you are applying, and any required refresher completion certificates, and
3. Documentation supporting education, and/or experience requirements. (Resumes, letters of reference, official transcripts/diplomas)

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF CERTIFICATION

- **Please type or print legibly.**
- **Mail completed application to:**
 Kansas Department of Health & Environment,
 Attn: Healthy Homes and Lead Poisoning Prevention, Curtis Building,
 1000 SW Jackson, Suite 330, Topeka, KS 66612-1274

KDHE USE ONLY	
Date	_____
TP Certificate	_____
Payment: _____	Check#: _____
Approved: _____	
Denied: _____	

PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT	MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET)		APARTMENT	
CITY	STATE	ZIP	COUNTY
TELEPHONE NUMBER () _____ - _____	SOCIAL SECURITY NUMBER _____ - _____ - _____	EMAIL ADDRESS	
PRESENT EMPLOYER		EMPLOYER TELEPHONE NUMBER () _____ - _____	
EMPLOYER ADDRESS (STREET)			
CITY	STATE	ZIP	COUNTY

Please mail all correspondence regarding this application to my: (check one) Home Address Present Employer Training Provider

Check the appropriate box:	FOR OFFICE USE ONLY
-----------------------------------	----------------------------

APPLICATION FOR:	FEE	
<input type="checkbox"/> LEAD INSPECTOR	\$200	
<input type="checkbox"/> RISK ASSESSOR	\$300	
<input type="checkbox"/> LEAD ABATEMENT SUPERVISOR	\$150	
<input type="checkbox"/> LEAD ABATEMENT WORKER	\$50	
<input type="checkbox"/> PROJECT DESIGNER	\$150	

PART B. TRAINING INFORMATION (submit copy of all course completion diplomas, including refresher courses, if applicable.)

TRAINING COMPLETED (Check appropriate boxes for this certification)

- Kansas Department of Health and Environment (KDHE) --- Accredited Training Provider
- EPA Approved Training Provider

NAME OF TRAINING PROVIDER

ADDRESS OF TRAINING PROVIDER

CERTIFICATE NUMBER

PART C. OTHER LICENSES

In which state(s) are you currently licensed/certified for this lead occupation?

STATE	TYPE OF CERTIFICATION/LICENSE	EXPIRATION DATE	CERTIFICATION NUMBER

In which EPA region(s) are you currently certified for this lead occupation?

REGION	TYPE OF CERTIFICATION	EXPIRATION DATE	CERTIFICATION NUMBER

If you answered either question in this Part, please submit a copy of the license or certificate

PART D. QUALIFICATIONS

- If this is a worker application, skip Part D
- Complete the section that applies to the occupation for which you are applying for certification and submit the appropriate documentation as evidence of meeting the requirements (see Certification regulations)

LEAD ABATEMENT WORKER – NO EXPERIENCE REQUIRED

LEAD INSPECTOR (check one box)

- A Bachelor's degree;
- An Associate's degree and one (1) year experience in a related field such as lead, asbestos, housing repair or inspection, and/or inspection, and or environmental hazard remediation work; or
- A high school diploma or certificate of high school equivalency (GED) and two (2) years of experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental hazard remediation work.

RISK ASSESSORS (check one box) Must also complete the lead inspector training course

- A Bachelor's degree, and at least one year of experience in a related field, including housing repair and inspection, and lead, asbestos, and environmental remediation work;
- An Associate's degree and two years of experience in a related field, including housing repair and inspection, and lead, asbestos, and or environmental hazard remediation work;
- Certification as an industrial hygienist, professional engineer, or registered architect, or certification in a related engineering health, or environmental field, including a safety professional and environmental scientist; or
- A high school diploma or certificate of high school equivalency (GED) and three years of experience in a field, including housing repair and inspection, and lead, asbestos, and environmental hazard remediation work;

LEAD ABATEMENT SUPERVISOR (check one box)

- At least one year of experience as a certified lead abatement worker certified by Kansas, EPA, or an EPA-approved state;
- At least two years of experience in asbestos abatement work as a construction manager or superintendent; or
- At least two years of experience as a manager for environmental hazard remediation projects.
- At least two years of experience as a supervisor in residential construction.

PROJECT DESIGNER (check one box)

- A bachelor's degree in engineering, architecture or a related profession, and one year of experience in building construction and design;
- At least one year of experience as a certified project designer, certified by Kansas, EPA, or an EPA-approved state, and at least two years of experience in building construction and design; or
- At least four years of experience in building construction and design.

PART E. EMPLOYMENT HISTORY

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

() -

SUPERVISOR NAME

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

() -

SUPERVISOR NAME

DATES OF EMPLOYMENT (MONTH/YEAR)

JOB DUTIES

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

() -

SUPERVISOR NAME

DATES OF EMPLOYMENT (MONTH/YEAR)

PART F. WAIVER (OPTIONAL)

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify KDHE in writing of such change.

NAME

TITLE OR RELATIONSHIP TO APPLICANT

ADDRESS

TELEPHONE NUMBER

() -

PART G. CERTIFICATION

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations.

AUTHORIZED SIGNATURE (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)

DATE