

# Arkansas Department of Health (ADH)

## Request for Duplicate ADH Lead Certificate/ ID Card

Date:

Name:  (Print)

Applicant

Signature: \_\_\_\_\_  
Applicant

ADEQ/ADH Discipline Certificate No.

### Verification of identity:

- Photo From training class list
- Original training certificate
- Copy training certificate
- Original ADEQ/ADH discipline certificate
- Copy ADEQ/ADH discipline certificate
- Other

### Requested:

- Duplicate ADH certificate
- Duplicate ADH identification card

### Receipt of \$15.00 for Duplicate Card or Certificate

- Cash
- Check, Check No. \_\_\_\_\_

Signed: \_\_\_\_\_  
ADH Staffer

ADH Env. Epidemiology  
Lead-Based Paint Program  
4815 West Markham St. Slot-32  
Little Rock AR 72205-3867