

LEAD CERTIFICATION APPLICATION

****PLEASE TYPE OR PRINT IN INK****

APPLICANT'S NAME: _____ SOCIAL SECURITY NUMBER: _____
(FIRST, MIDDLE INITIAL, LAST)

APPLICANT'S HOME ADDRESS (The way it is to appear on Identification Card):

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
(mm/dd/yy) (F/M)

DISCIPLINE FOR WHICH YOU WISH TO BE CERTIFIED: (ONE FORM FOR EACH DISCIPLINE)

DISCIPLINE: _____ IF RENEWAL—CERTIFICATION NUMBER: _____

CERTIFICATION FEES – Check only those that apply:

Application Fee

- Worker -- \$50
- Supervisor -- \$150
- Inspector -- \$150
- Risk Assessor -- \$150
- Project Designer -- \$150

Examination Fee

- Worker – No exam required
- Supervisor -- \$75
- Inspector -- \$75
- Risk Assessor -- \$150 (2 exams)
- Project Designer -- \$75

Duplicate ID Card -- \$15

Total Certification Fee: _____
See attached instructions for additional fee information.

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER'S PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

TRAINING PROVIDER: _____ DATE(S) ATTENDED: _____

NAME OF COURSE COMPLETED: _____

OATH

I hereby acknowledge that I have read and understand this application, and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that certification issued pursuant to this application will be subject to revocation if issuance is based on incorrect or inadequate information that materially affected the decision to issue the certification (N.C.G.S. §130A-23).

APPLICANT'S ORIGINAL SIGNATURE: _____ DATE: _____

****DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT USE ONLY****

CERTIFICATION NUMBER: _____ EXPIRATION DATE: _____

CHECK/M.O. NUMBER: _____ AMOUNT PAID: _____

EXAM DATE: _____

APPROVING SIGNATURE: _____ DATE: _____

USPS MAILING ADDRESS:

HEALTH HAZARDS CONTROL UNIT
NC DHHS—DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912

EXPRESS DELIVERY SERVICES
OTHER THAN US MAIL:

5505 Six Forks Road, 2nd Floor, Room D-10
Raleigh, NC 27609

INSTRUCTIONS

FOR COMPLETION OF APPLICATION FOR LEAD CERTIFICATION (Revised 8/07)

PURPOSE

Application for North Carolina Certification shall be submitted in order to receive a North Carolina certification number and photo-identification card for inspector, risk assessor, supervisor, project designer, and worker per 10A NCAC 41C .0800, Lead-Based Paint Hazard Management Program Rules.

If your NC certification photo-identification card is lost or stolen, contact the HHCU immediately.

PREPARATION

All information is to be completed by the applicant and the application must be filled out completely, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter your full name, social security number, address, city, state, and zip code as you want it to appear on your photo identification card. The telephone number should be complete with the area code. Enter your date of birth (month/day/year), sex (male/female), height (feet and inches) and weight (pounds). The North Carolina Department of Labor, Wage and Hour Act considers work involving lead-based paint hazardous to the health of youths. Certifications shall not be issued to individuals who are not eighteen (18) years of age. Each applicant must submit his/her correct birth date on the certification application.

Indicate which discipline of certification is being requested (**one discipline per application**).
Indicate your certification number if you are applying for certification renewal.

Indicate the appropriate fee. The certification fee is \$150.00 for all categories, except that the fee for individuals applying for certification as a worker is \$50.00. The fee for a duplicate ID card is \$15.00.

Indicate the appropriate examination fee. The examination fee is \$75.00 for each examination scheduled. Successful completion of the appropriate examination(s) is required for all disciplines except Worker. Supervisor certification requires the supervisor examination (\$75.00); Inspector certification, the inspector examination (\$75.00); Risk Assessor, the inspector **and** risk assessor examinations (\$150.00); Project Designer, the supervisor examination (\$75.00). If an applicant is applying for certification as a Supervisor **and** as a Project Designer, only one examination and one examination fee is required. If an applicant for Project Designer is already certified as a Supervisor, a second examination is not required. If an application is for renewal, an examination is not required.

Indicate the Employer's name, mailing address, city, state, zip code, telephone and fax numbers complete with area code.

Indicate the name of the Training Provider attended and the name of the course successfully completed that corresponds with the certification request. Indicate the dates the course was attended.

Read the OATH carefully. If a forged certificate or any misinformation is found to exist, the individual may be subject to revocation of certification. The application shall be signed and dated by you, the applicant. An original signature is required on the application. Faxes will not be accepted.

For each certification renewal, submit a completed application, refresher training certificate, a photograph (see above), and appropriate fees. For renewal of Risk Assessor certification, submit refresher training certificates for **both** inspector and risk assessor training courses and a fee of \$150.00.

ADDITIONAL EDUCATION AND EXPERIENCE REQUIREMENTS

Per 10A NCAC 41C .0802, an applicant for initial certification shall have successfully completed an accredited initial training course for the specific category within the 12 months immediately preceding application, or, if initial training was completed more than 12 months prior to application, the applicant shall have successfully completed an accredited refresher training course for the specific category at least every 24 months from the date of completion of initial training and within 12 months prior to applying for certification.

A **Worker** shall have successfully completed an accredited training course for workers.

A **Supervisor** shall have successfully completed an accredited training course for supervisors and shall have:

- (A) one year of experience as a certified lead abatement worker, or
- (B) at least two years experience in a related field that demonstrates skills directly transferable to the job activities for supervisor.

A **Project Designer** shall meet the training requirements for supervisor and project designer and the examination requirement for supervisor and shall have:

- (A) a Bachelor's degree in engineering, architecture, or related profession, and one year of experience in building construction and design; or
- (B) an Associate's degree and two years experience in a related field that demonstrates skills directly transferable to the job activities for designer; or
- (C) certification as an industrial hygienist, professional engineer, or registered architect; or
- (D) a high school diploma or equivalent, and four years experience in building construction and design or a related field that demonstrates skills directly transferable to the job activities for designer.

An **Inspector** shall have successfully completed an accredited training course for inspectors.

A **Risk Assessor** shall meet the training and examination requirements for inspector and risk assessor and shall have:

- (A) a Bachelor's degree and one year experience in a related field that demonstrates skills directly transferable to the job activities for risk assessor; or
- (B) an Associate's degree and two years experience in a related field that demonstrates skills directly transferable to the job activities for risk assessor; or
- (C) certification as an industrial hygienist, professional engineer, registered architect; or
- (D) a high school diploma or equivalent and at least three years of experience in a related field that demonstrates skills directly transferable to the job activities for risk assessor.

REQUIRED SUPPORTING DOCUMENTATION

Confirmation of training shall be in the form of an original certificate of completion of the accredited training course bearing the training provider's official seal, or an original letter from the training provider confirming completion of the course on the training provider's letterhead, or an original letter from the training provider listing names of persons who have successfully completed the training course, with the applicant's name included.

If requesting initial certification in North Carolina after completion of refresher course(s), original verification of successful completion of the initial training course, as well as all refresher courses, is required.

When a high school diploma (or equivalent), Associate's Degree, or Bachelor's Degree is required, attach a copy of the diploma or other written documentation from the educational institution.

When experience is required, attach work history documenting lead-based paint activities experience or equivalent experience. This documentation should indicate inclusive dates of experience, projects completed, your specific responsibilities on those projects, and the name(s) of the certified individual(s) under whose supervision you worked, where applicable.

Enclose check or money order in the correct amount depending on the certification requested. Make check or money order payable to: NC DHHS – HEALTH HAZARDS CONTROL UNIT. **DO NOT SEND CASH.**

Enclose **one photograph of the applicant per application** submitted. Photographs shall be in color and 1 ¼" x 1 ¼" in size with the applicant's name and social security number printed on the back. The HHCU will not accept photographs with headwear, sunglasses, profile, or photos in black and white. Photographs that are not **current**, i.e., photographs from old photo-id cards or a copy of last year's photograph, will also not be accepted. Applications submitted without photographs will be returned as incomplete.

The completed Application Form with Supporting Documentation should be mailed to:

FOR US POSTAL SERVICE

**Health Hazards Control Unit
NC DHHS –Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912**

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:

**Health Hazards Control Unit
NC DHHS – Division of Public Health
5505 Six Forks Road, 2nd Floor, Room D-10
Raleigh, NC 27609**