

NORTH CAROLINA LEAD RENOVATOR CERTIFICATION APPLICATION

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

APPLICANT'S NAME: _____ DATE OF BIRTH: _____
(FIRST, MIDDLE INITIAL, LAST) (MM/DD/YYYY)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
(Applicant's home address)

SEX: _____ (M/F) EMAIL ADDRESS: _____

TELEPHONE: () _____ ALTERNATE TELEPHONE: () _____

PLEASE CIRCLE: CELL HOME WORK PLEASE CIRCLE: CELL HOME WORK

IF RENEWAL, PLEASE INDICATE RENOVATOR CERTIFICATION NUMBER: _____

In accordance with N.C.G.S. §130A-453.22(b)(3), Certified Renovators shall be employed by a Certified Renovation Firm. Please supply the following information for the CERTIFIED RENOVATION FIRM:

CERTIFIED RENOVATION FIRM NAME: _____ FIRM CERTIFICATION #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ FAX NUMBER: () _____

Certified Renovators shall complete accredited renovator training in accordance with N.C.G.S. §130A-453.22(b)(3). Please supply the following TRAINING COURSE AND TRAINING PROVIDER information as listed on the most recent course certificate. *Attach copies of all applicable course certificates to this application.*

TRAINING PROVIDER NAME: _____

NAME OF COURSE: _____ COURSE LOCATION: _____
(City and State)

DATE(S) ATTENDED: _____ DATE OF EXAM: _____ COURSE CERTIFICATE NO: _____

ATTENTION! Have you attached: a copy of course certificate
 a separate color photo meeting the requirements of attached instructions

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: _____

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:
HEALTH HAZARDS CONTROL UNIT
NC DHHS—DIVISION OF PUBLIC HEALTH
5505 SIX FORKS ROAD, 2nd FLOOR, ROOM D-1
RALEIGH, NC 27609

INSTRUCTIONS

FOR COMPLETION OF NORTH CAROLINA LEAD RENOVATOR CERTIFICATION APPLICATION

PURPOSE

A Lead Renovator Certification Application shall be submitted in order to request North Carolina renovator certification as per N.C.G.S. §130A-453.24, N.C.G.S. § 130A-453.25 and 10A NCAC 41C .0902(d), Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting Rules.

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 and date of birth. 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 at least eighteen (18) years of age.

Enter your address, city, state, and zip code. Enter your sex (male/female) and your email address if you have one. The telephone number and optional alternate telephone number should be complete with the area code. Indicate if each phone number is your cell-phone, home phone, or work phone number.

Indicate your certification number if you are applying for certification renewal. You must renew every five years in order to maintain your certification.

In accordance with N.C.G.S. §130A-453.22(b)(3), Certified Renovators conducting renovation activities must be employed with a Certified Renovation Firm. Please indicate the Certified Renovation Firm's name, their North Carolina renovation firm certification number, mailing address, city, state, zip code, and telephone and fax numbers complete with area codes.

When entering the Training Provider and Training Course information, use the information on the course certificate from the accredited renovator training course you most recently successfully completed. Indicate the name of the training provider who presented the accredited renovator training course. Include the actual name of the course, specifying whether it was an initial or refresher course, the course location (city and state), and the language in which the course was taught. Indicate the inclusive dates of the course, the date of the exam, and the course certificate number.

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, in ink. An original signature is required on the application. Faxes will not be accepted.

ADDITIONAL REQUIREMENTS AND SUPPORTING DOCUMENTATION

Per 10A NCAC 41C .0902, an applicant for initial renovator certification shall have successfully completed an accredited initial renovator training course prior to application, or, if initial training was completed more than 60 months prior to application, the applicant shall have successfully completed an accredited refresher renovator training course at least every 60 months from the date of completion of initial training.

If this is an initial application for renovator certification, attach a copy of the course certificate you received upon successful completion of the accredited renovator initial course. If requesting initial certification in North Carolina after completion of initial *and* refresher courses, attach copies of course certificates received upon successful completion of the initial course and all subsequent refresher courses.

If this is an application for renewal of North Carolina renovator certification, attach a copy of the course certificate from your most recent, successfully-completed accredited renovator course. Ensure that there is not a gap in training of more than 60 months from the last course certificate submitted to the Health Hazards Control Unit (HHCU) for renovator certification purposes.

Enclose **one photograph of the applicant per application** submitted. Photographs shall be in color and wallet-size with the applicant's name 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., a copy of the photograph submitted with the last application, 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-1
Raleigh, NC 27609

FOR ADDITIONAL INFORMATION

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:
<http://www.epi.state.nc.us/epi/lead/lhmp.html>