DEPARTMENT OF HEALTH SERVICES Division of Public Health F-02031 (10/2023) STATE OF WISCONSIN

Bureau of Environmental and Occupational Health Wis. Admin. Code ch. DHS 163 608-261-6876

INITIAL LEAD APPLICATION - INDIVIDUAL CERTIFICATION

INSTRUCTIONS: Submit a complete application with correct payment for faster processing. You must provide your Social Security number (SSN) if you have one. We use it to check if you are delinquent on child support, taxes, or unemployment insurance payments. If you are delinquent, we will deny your certification. If you don't have an SSN, call 608-261-6876 for instructions.

APPLICANT INFORMATION								
Name – First				Suffix (I		r Cr III)		
Name – First	e – First Middle Last					Suffix (Jr, Sr, III)		
SSN (see instructions)	Date of Birth (mm/dd/	dd/yyyy) DHS nun		nber (if	known)			
Mailing Address		City		1		State Zip Code		е
•								
Phone Number		Email						
I Holle Nullipel		Lindii						
TRAINING List most recent training course	completed If training ta	kan outsida	Wisconsir	complet	Δddit	ional Requir	ements P	ane 2
			Class Date City			ionai requii	Ciricinto, i	State
Training Frovidor		Glado Bato						
Abatement Supervisor, Hazard Investiga	tor, Risk Assessor, and	Project Des	signer App	licants				
Complete Qualifications on Page 2.								
COMPANY INFORMATION Individuals must be associated with a certified lead company to conduct regulated activities.								
☐ My lead company application is enclose	d. I currently work for	or the certifie	ed lead com	pany listed	below.			
Company Name			DHS Company Nu			mber (if known)		
Mailing Address City		Sta			State	ate Zip Coo		e
	•	-9						
FEES Make check or money order payable to DHS. To pay with a VISA or MasterCard, apply online at: http://dhs.wi.gov/WALDO.								
Certification will remain valid for 2 years from							/WALDO.	
Disciplines with a (*) require a certification of			d to replac		_	ged card? d to replace y	our oard r	arovido:
fee. State/local government employees may	attach F02992 to reques	st II yo	-			л то тергасе у	oui caiu, p	orovide.
certification fee exemption, but must pay the exam fee. If any training was completed outside of Wisconsin, add \$25 to the fee and complete Type of certification (discipline):								
was completed outside of Wisconsin, add \$25 to the fee and complete Additional Requirements on page 2.								
Select your discipline.								
☐ Abatement Worker: \$100 ☐ Hazard Investigator*: \$400 ☐ Project Designer: \$375 ☐ Sampling Technician: \$75							\$75	
☐ Abatement Supervisor*: \$350 ☐	nspector*: \$400	∐ Ris	k Assessoi	*: \$450				
CERTIFICATION EXAM Only for abateme	ent supervisor, hazard inve	estigator, ins	spector, and	d risk asses	ssor ap	plicants.		
Select exam location. Remote (Zoon	n) Need a non-English	exam? 🔲 \	Yes. Langu	ıage:				
☐ Eau Claire ☐ Madison	Need testing accomr	modations?	□ Yes D	escribe (e	a large	e-nrint exam	audio exa	m).
☐ Green Bay ☐ Milwaukee	rtood tooting doornii	nodationo.		0001100 (0.	.g. iai gc	print oxam,	addio ondi	,.
We will send you your exam schedule.								
ENFORCEMENT ACTIONS								
Within the past five (5) years, was action ta	ken against you for a civil	or criminal v	/iolation of	anv federal	l. state.	or local lead	-based pai	nt or
other environmental statute or regulation?								

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SIGNATURE Read and sign	before submitting.		Mail this form, fees, and any		
		. I understand that any false information I understand that I must comply with	required attachments to: State of Wisconsin Box 93419 Milwaukee, WI 53293-3328		
SIGNATURE – Applicant		Date Signed			
		meet one (1) of the listed options for educa			
		eet and provide details under Education and	I Experience. DHS may request		
documentation of your qualifica Abatement Supervisor	tions.				
	as a certified lead abatement worke	er. or			
		or, or ovironmental remediation or the construction	n trades: or		
Hazard Investigator or Risk A			,		
☐ High school diploma, or equ	uivalent, and three (3) years or more	e experience in a related field; or			
	(2) years or more experience in a i				
	and one (1) year or more experien				
		egistered architect, or related engineering,	health, or environmental field; or		
-	red sanitarian employed by a state	or local health department			
Project Designer	r in anginoaring architecture or a r	olated profession and one (1) year or more	ovnorioneo in building		
	a related construction field; or	elated profession and one (1) year or more	experience in building		
	e in building construction and design	n or a related construction field			
Education and Experience					
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_ , , ,					
☐ Did not graduate high school	_				
☐ High school diploma or equivalent	☐ Bachelor's degree or hig	gher Graduation Date (mm/yy)			
Check the certifications you hold.					
☐ Lead abatement worker ☐ Registered architect ☐ Registered nurse					
☐ Industrial hygienist ☐ Certification in related he		ealth or environmental field R	egistered sanitarian		
☐ Professional engineer	Describe:		· ·		
	nce (paid or unpaid). Attach addition	<u> </u>			
Employer/Organization Name		Relevant Duties			
Start Date (mm/yy)	End Date (mm/yy)				
Employer/Organization Name		Relevant Duties			
Start Date (mm/yy)	End Date (mm/yy)				
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Employer/Organization Name	L	Relevant Duties			
Employon Organization Name		1.0.0 valit Datios			
Start Date (mm/w/)	End Data (mm/w/)				

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ADDITIONAL REQUIREMENTS if training was completed outside Wisconsin
The following are required when training was completed in another state. If you have questions, call 608-261-6876.
☐ Pay the out-of-state training processing fee (\$25) mentioned on page 1.
☐ Recent photo for certification card that meets the following requirements:
 JPEG (JPG) file format with a minimum resolution of 600 x 600 pixels (medium to high quality)
 In focus, color photo of head and shoulders against a plain light background (passport style)
No sunglasses, hat, or head covering
 Email photo to <u>DHSAsbestosLead@wi.gov</u> with subject line "Photo of [First Name] [Last Name]"
☐ Government-issued photo ID. Provide a clear, color copy of ID (such as driver's license).
☐ COPIES of all training diplomas. Provide training diplomas for each initial and refresher training class taken in another state. (Please DO NOT SEND ORIGINAL diplomas, we cannot guarantee their safe return.) The most recent diploma must be signed by a certified notary public as a true copy OR be submitted directly by the training provider to DHS.
Proof of passing state certification exam if a state exam is required (supervisor, inspector, hazard investigator, and risk assessor). If required exam has not been taken, select an exam on Page 1.
☐ Copy of current certification in the state where exam was taken.