DEPARTMENT OF HEALTH SERVICES

Division of Public Health F- 02346A (08/2024)

STATE OF WISCONSIN

Wis. Admin Code Ch. 163

LEAD COURSE ACCREDITATION – RENEWAL APPLICATION

Instructions: Use this form to apply to renew currently accredited lead courses or courses that expired less than 12 months ago. Allow up to 60 days for processing. Call 608-261-6876 with any questions.

TRAINING COMPANY INFORMATION			
Company Name	DHS Number		
Training Records Address	City	State	ZIP Code
FEES			
Select the relevant courses to renew and submit the associated 2-year fee. For a 4-year accreditation, double the indicated fee. Make check or money order payable to DHS .			
Initial Courses Lead-Safe Renovation: \$200 (per language) Abatement Work: \$200 (per language) Abatement Supervision: \$400 Project Design: \$200 Sampling: \$200 Inspection: \$400 Hazard Investigation: \$400	Refresher Courses Lead-Safe Renovator: \$100 (per language) Abatement Worker: \$200 (per language) Abatement Supervisor: \$200 Project Designer: \$100 Sampling: \$100 Inspector: \$200 Hazard Investigator/Risk Assessor: \$200 Total enclosed: \$		
Total enclosed: \$ COURSE CHANGES			
Provide a complete description of any changes made to the training course(s) or training resources since the last accreditation was issued. Include any revisions to the agenda, student or instructor manuals, hand-outs, the course test, evaluation forms, or training certificates, as well as any changes to equipment or facilities. Attach additional pages as needed.			
SIGNATURE			
I affirm that the information submitted on this application is correct. I understand that any false information provided may be grounds for denying or revoking accreditation. I understand that I must comply with Wisconsin lead regulations.			
SIGNATURE — Authorized Representative	Name — Authorized Representa	ative	Date Signed
Mail form, fees, and any attachments to: State of Wisconsin Box 93419 Milwaukee WI 53293-3328			