

## LEAD TRAINING MANAGER APPLICATION

Under sections 254.115 and 250.041, Wis. Stats., an individual must provide his or her Social Security Number and a company must provide the company's Federal Employer Identification Number in order to be certified, licensed, etc. This information will be used to deny or revoke certification of persons who are delinquent on payment of taxes or child support

### TRAINING MANAGER INFORMATION

|                            |       |                     |     |
|----------------------------|-------|---------------------|-----|
| Name (First, Middle, Last) |       | Social Security No. |     |
| Mailing Address            | City  | State               | Zip |
| Telephone No.              | Email |                     |     |

### TRAINING PROVIDER INFORMATION

|                                |                 |       |     |
|--------------------------------|-----------------|-------|-----|
| Training Provider Company Name |                 |       |     |
| Mailing Address                | City            | State | Zip |
| Owner or Co. Officer Name      | DHS Company No. |       |     |
| Telephone No.                  | Email           |       |     |

### TRAINING MANAGER QUALIFICATIONS Check the qualifications you meet.

Demonstrated experience, education or training in the construction industry, such as lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene or engineering.

And at least one of the following:

- Two or more years of experience, education or training in teaching workers/adults.
- A bachelors or graduate level degree in building construction technology, engineering, industrial hygiene, safety, public health, education, business administration or program management or a related field.
- Two or more years of experience managing a training program specializing in environmental hazards.

### REQUIRED DOCUMENTATION Attach the following qualification information

- Resume listing relevant professional training & experience, including dates of employment or education.
- Academic transcripts or diploma
- Letters of references or documentation of previous work

### AFFIRMATION SIGNATURE

The information on this application is true and accurate to the best of my knowledge. The designated training manager will have full authority to ensure compliance of all accredited training courses with Wisconsin administrative codes, statutes and other state and federal regulations relating to lead paint activities and is authorized to represent this company to the Department of Health Services on any matters relating to the accreditation of its lead courses.

SIGNATURE - Owner/Employer

Date Signed

### SUBMITTAL

Mail or deliver to:

Department of Health Services  
Lead & Asbestos Section  
1 W Wilson Street, Room 137  
Madison WI 53703-3445

Or

Fax to: 608-266-9711  
Scan and Email to: [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov)

If you have questions, call 608-261-6876.

| DHS OFFICE USE ONLY   | WALDO Entry Date | WALDO ID No. | Approved and Entered by |
|---|------------------|--------------|-------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied |                  |              |                         |