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| Department of Health Services | | | | **State of Wisconsin** | | | | | | |
| Division of Public Health  F-44063 (02/2025) | | | | Wis. Adm. Code ch. DHS 163  Page 1 of 2 | | | | | | |
| Lead Principal Instructor Application | | | | | | | | | | |
| Instructions: Complete this form to apply for approval as a principal instructor for lead training. This application is for people who are already certified in a lead discipline, or who are enclosing their certification application. | | | | | | | | | | |
| Your Information | | | | | | | | | | |
| Name – First | | Middle | | | | | Last name(s) | | | |
| Address | | | | | | | | | | |
|  | | | | | | | | | | |
| City | | | | | | State | | | ZIP code | |
|  | | | | | |  | | |  | |
| Phone number | | | | Email | | | | | | |
|  | | | |  | | | | | | |
| **Approval Type and Fees** | | | | | | | | | | |
| Check the set of courses you are applying to instruct and include a check or money order payable to **DHS**. | | | | | | | | | | |
| **Type of approval** | **Certification required** | | **Courses you may teach** | | | | | **Initial fee** | | **Renewal fee** |
| **Lead** **Hazard Reduction** | Lead Abatement Supervisor | | Lead-Safe Renovator, Abatement Worker, and Abatement Supervisor | | | | | $100 | | $50 |
| **Lead Investigation** | Lead Risk Assessor | | Lead Sampling Technician, Inspector, Hazard Investigator, and Risk Assessor | | | | | $100 | | $100 |
| **Additional Requirements for Initial Applicants** | | | | | | | | | | |
| If this is your first time applying for principal instructor approval, you must complete the **Training and Experience** section on page 2. | | | | | | | | | | |
| **Submit Application** | | | | | | | | | | |
| Mail your completed application, fee, and all required attachments to: | | | | | | | | | | |
| Mailbox with solid fillState of Wisconsin PO Box 93419 Milwaukee, WI 53293-3419 | | | | |  | | | | | |
| If you have questions, call (608) 261-6876.  If you prefer a call in a language other than English, please email [DHSAsbestosLead@dhs.wisconsin.gov](mailto:DHSAsbestosLead@dhs.wisconsin.gov) to request an interpreter. | | | | | | | | | | |

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| **Training and Experience for Initial Applicants** | | | |
| Initial applications must complete the additional requirements below.  Include one of the following:  Teaching methods certificate – at least a 16-hour train-the-trainer course certificate or equivalent training,  including course description or agenda.  College transcript – coursework in educational methods.  If applying for **lead investigation** approval, include proof of XRF training.  Complete the following sections about your experience. | | | |
| **Instruction Experience** | | | |
| To be qualified for instructor approval, you must show that you have one year of experience providing work-related instruction in the last 5 years. List the organization, dates, and a description of the instruction, along with one contact who can confirm your experience. | | | |
| Organization | Start date | | End date |
| Contact name | | Contact email | |
| Description of instruction | | | |
| **Experience Related to Lead Hazard Reduction or Investigation** | | | |
| To be qualified for instructor approval, you must show that you have one year of experience related to lead hazard reduction or lead investigation in the last 5 years. The experience must include direct responsibility for the activities described below (or similar). | | | |
| **Lead Hazard Reduction** | | **Lead Investigation** | |
| * Construction, improvement, or repair of homes or other buildings * Lead worker protection or lead health effects * Hazardous material abatement * Environmental regulations | | * Construction, improvement, or repair of homes or other buildings * Environmental investigations, building inspections, or hazard identification * Public health or lead health effects * Environmental regulations | |
| List the organization, dates, and activities for which you were directly responsible, along with one contact who can confirm your experience. | | | |
| Organization | Start date | | End date |
| Contact name | | Contact email | |
| Description of activities | | | |