

AMEND

State of California - Health and
Human Services Agency

California Department of Public
Health Childhood Lead Poisoning
Prevention Branch

Application for Lead Certification

(Not for Renewal Applications)

Instructions: Type or print all information clearly. Complete both sides of this form. Enclose the required fees, photographs and documentation of your training, experience and education, if applicable. **Note: your name, certification number, and expiration date will be added to the list of CDPH-certified individuals on the CLPPB website (www.cdph.ca.gov/programs/CLPPB).**

1. Applicant Information:

Name: _____
Last First Middle Initial

Home Address: _____
Street Address, Apt. No.

City State Zip

Mailing Address: _____
(If different from above) Company Name

Street Address, Apt. No.

City State Zip

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Date of Birth: ____/____/____
Month Day Year

E-Mail Address: _____

Photo Identification: Number: _____

Type: Driver's License Military ID Card Passport
 State ID Card Resident Alien Card Other ID: _____

Gender: Male Female

2. Type of Certification: Check the circle(s) for the certificate(s) you want and fill in the amount paid.

	Fee Due	Amount Paid
<input type="checkbox"/> Lead Inspector/Assessor Certificate	\$13587.00	\$_____.00
<input type="checkbox"/> Lead Supervisor Certificate.....	\$13587.00	\$_____.00
<input type="checkbox"/> Lead Sampling Technician Certificate.....	\$13587.00	\$_____.00
<input type="checkbox"/> Lead Project Monitor Certificate.....	\$13587.00	\$_____.00
<input type="checkbox"/> Lead Worker Certificate.....	\$13587.00	\$_____.00

Total Amount Paid: \$_____.

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3. **Fees:** Enclose the required fees **for each Certificate requested.** (See Fees Due, above.) Payment must be a check or money order payable to California Department of Public Health. Cash is **not** accepted. Fees are **non-refundable.**
4. **Other Applications:** Have you ever applied for a California Lead Certificate before?
 Yes No
5. **Statewide Examination:** Enclose a copy of the *CPS HR Consulting* notice that you successfully completed the appropriate Statewide Examination.
6. **Training, Experience, and Education:** Please enclose the following information with this application as proof that you satisfy the eligibility requirements for each certificate you requested.
 - **Lead-related construction training:** Enclose the pink Course Completion Form (CDPH 8493) from your CDPH-approved lead-related construction course(s). If your training is more than 1 year old, **also** enclose the pink Course Completion Form for your continuing education course.

Certificate Requested	Required Lead Related Construction Training
Inspector/Assessor.....	Inspection / Assessment (40 hours) (CIHs may take Lead Training for Certified Industrial Hygienists (24 hours))
Supervisor	Supervision & Project Monitoring (40 hours) or Work (24 hours) and Supplemental Supervision & Project Monitoring (16 hours)
Sampling Technician	Sampling Technician (8 hours)
Project Monitor	Supervision & Project Monitoring (40 hours) or Work (24 hours) and Supplemental Supervision & Project Monitoring (16 hours) (CIHs may take Lead Training for Certified Industrial Hygienists (24 hours))
Worker.....	Work (24 or 32 hours)

Note: You must apply to the Department within one year of the date you complete your training. If you wait longer than one year to apply, you must complete seven hours of CDPH-approved continuing education. If you wait longer than three years to apply, you must take a new CDPH-approved lead-related construction course.

- **Experience:** (*not required for Worker certificates*) To show that you have completed the required work experience, enclose completed Proof of Experience forms (CDPH 8539) for each employer who is verifying that you have experience which makes you eligible for certification.

Note to Applicants for Supervisor: A current and active contractor’s license issued in the applicant’s name by the California Contractors State License Board within the classifications A, B, C-4, C-12, C-15, C-17, C-21, C-32, C-33, C-34, C-35, C-39, C-43, C-47, C-61/D-38, C-61/D-63, ASB, or HAZ serves as proof of experience. You may submit a copy of your Contractor’s license, in place of the Proof of Experience form.

- **Education:** (*not required for Worker or Supervisor certificates*) To show that you have completed the required education, enclose copies of your diploma or transcripts or other documentation, if applicable.

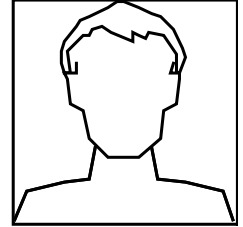
Note: If you are a Certified Industrial Hygienist, and have completed a CDPH-approved lead-related construction course for Certified Industrial Hygienists, you may submit a copy of your American Board of Industrial Hygiene certificate (or its equivalent) in place of **both** the Proof of Experience form (CDPH 8539) and your diploma or transcripts.

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7. **Photograph:** You must include a recent photograph of yourself. It must be in portrait style (see diagram at right). Select one of the follow methods for providing the photo:

- A photo print, at least two inches square (no digital printouts). Print your full name and your identification number such as Lead ID or course completion form on the back.
- Digital photo, e-mailed to LeadPhotos@cdph.ca.gov. It should be at least 640 x 480 pixels, in JPEG format, and have your name as the file name.
Date e-mailed: _____



I hereby certify, under penalty of perjury, that the information I have provided in this application is true and correct. I further acknowledge my duty under the California Code of Regulations (Title 17, §§ 35001 *et seq.*) to maintain, for a minimum of three years, specified documents related to lead hazard projects that I prepare, perform, or supervise. Further, I acknowledge my duty under these regulations to make these documents available to CDPH upon request.

Your Signature: _____

_____/_____/_____
Date Signed

Mail Your Application To:

California Department of Public Health
Childhood Lead Poisoning Prevention
Branch 850 Marina Bay Parkway
Building P, Third Floor, Box C
Richmond, CA 94804-6403

**Notify the Department within 30
calendar days if your name, address,
e-mail or phone number changes.**

The Department of Public Health, Childhood Lead Poisoning Prevention Branch, requests this information under the Health & Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Public Health. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 850 Marina Bay Parkway, Building P, Third Floor, Box C, Richmond, CA 94804-6403, Telephone: 1-800-597-LEAD (510-620-5694 outside California).