



# State of Utah

Department of Environmental Quality  
Division of Air Quality  
Lead-Based Paint Program  
195 North 1950 West  
P.O. Box 144820  
Salt Lake City, Utah 84114-4820

UDEQ/DAQ Date Received Stamp Only

Check #/Amount \_\_\_\_\_

## LEAD-BASED PAINT CERTIFICATION APPLICATION FOR INDIVIDUALS

### A. General Instructions

Please review the specific instructions found at the end of this document prior to completing each section of the application. Please be aware that proper and thorough completion of this application and the submission of required documents will expedite the certification approval process and you will receive your verification of Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ) Lead-Based Paint (LBP) certification sooner. Please complete this form by writing legibly (using blue or black ink only) or by using a typewriter/computer printer.

### B. Applicant Information

Name: \_\_\_\_\_  
Last First Initial

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address/P.O. Box City State Zip Code

Business Name: \_\_\_\_\_  
Name

Business Address: \_\_\_\_\_  
Street Address/P.O. Box City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different than business address, above) Street Address/P.O. Box City State Zip Code

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
feet/inches pounds brown/blue/green/etc. black/brown/blond/etc.

Date of Birth \_\_\_\_\_ Gender: Male Female  
Month/Day/Year (circle one)

**C. Certification Disciplines and Fees**

Lead-Based Paint Certification Disciplines	Years of Certification	LBP Certification Fee
<input type="checkbox"/> Lead-Based Paint Abatement Worker *	_____ X \$110.00	
<input type="checkbox"/> Lead-Based Paint Inspector *	_____ X \$137.50	
<input type="checkbox"/> Lead-Based Paint Inspector/Risk Assessor *	_____ X \$220.00	
<input type="checkbox"/> Lead-Based Paint Supervisor *	_____ X \$220.00	
<input type="checkbox"/> Lead-Based Paint Project Designer *	_____ X \$220.00	
<input type="checkbox"/> Lead-Based Paint Renovator **	_____ X \$110.00	
<input type="checkbox"/> Lead-Based Paint Dust Sampling Technician **	_____ X \$137.50	
<b>Total LBP Multi-Discipline Certification Fee</b>		

\* Three Year Maximum

\*\* Five Year Maximum

**D. Lead-Based Paint Violations**

Do you have any past, present, or pending lead-based paint violations of UDEQ/DAQ, USEPA, other State, Territory, or Indian Tribe LBP regulations? If yes, please explain below. Attach additional sheets of paper if necessary.

Yes No  
(Circle one)

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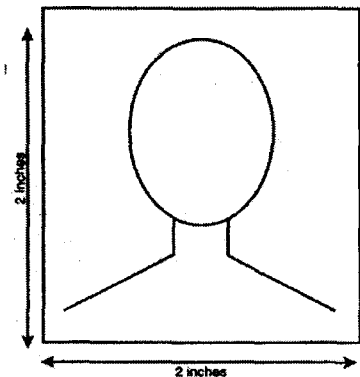
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**E. Photograph**

Please submit a color photograph of you alone that is recent enough to be a good likeness (normally taken within the last 6 months). As shown in the example to the right, the photograph should be at least 2 x 2 inches in size it h an image of your head and shoulders taking up the majority of the photograph area. Photographs must be clear, front view, full face, taken in normal street clothing **without** a hat or dark glasses, and printed on thin paper with a plain, light (white or off-white) background. Photographs retouched so that your appearance is changed are unacceptable. Digital photographs and electronic files containing images meeting the above photographic standards will also be accepted by the UDEQ/DAQ.



**F. Accredited LBP Certification Training**

Name of Trainer: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_

Training Center Address: \_\_\_\_\_  
Street Address, Suite # City State Zip Code

Training Center Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Training Center Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Training Center's E-mail Address: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_ Training Certificate Number: \_\_\_\_\_  
Month/Day/Year

If training was conducted in a language other than English, please specify language: \_\_\_\_\_

Please check the type of course test you took:     Course test/hands-on assessment     Proficiency test

**G. Current LBP Certification Status**

Do you hold current permits, licenses, certifications, or registrations in the lead-based-paint field with the UDEQ/DAQ, USEPA, other State, Territory, or Indian Tribe?                      Yes    No  
(Circle one)

If **yes**, please complete the following section, one line for each permit, license, certification or registration held. Attach additional sheets of paper using the following format, if necessary.

Certification Discipline	Organization issuing certification (UDEQ/DAQ, USEPA, State, Territory, or Indian Tribe)	Certification/Identification Number	Date received
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**H. Third-Party Testing (LBP Inspector, Risk Assessor, Supervisor and/or Project Designer disciplines only)**

Name of Test Provider: \_\_\_\_\_  
Agency/Company Name

Test Provider Address: \_\_\_\_\_  
Street Address, Suite # City State Zip Code

Test Provider Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Test Provider Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Test Provider's E-mail Address: \_\_\_\_\_

Date Test Taken: \_\_\_\_\_ Test Score: \_\_\_\_\_  
Month/Day/Year Percent correct or Pass (if no score is provided)

**I. Education (LBP Risk Assessor and/or Project Designer disciplines only)**

High School: \_\_\_\_\_  
Name Location Highest Grade Completed (GED if applicable)

Technical, vocational, special trade schools, colleges, and/or graduate schools:

School	Course of Study	Highest Level Completed	Degree(s) Received	Year(s) Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**J. Professional Certification/License (LBP Risk Assessor discipline only)**

Certification \_\_\_\_\_ Area/Region where registered, if applicable (list USEPA, State, Territory, or Indian Tribe name)  
\_\_\_\_\_  
Certification \_\_\_\_\_ Area/Region where registered, if applicable (list USEPA, State, Territory, or Indian Tribe name)  
\_\_\_\_\_  
Certification \_\_\_\_\_ Area/Region where registered, if applicable (list USEPA, State, Territory, or Indian Tribe name)  
\_\_\_\_\_  
Certification \_\_\_\_\_ Area/Region where registered, if applicable (list USEPA, State, Territory, or Indian Tribe name)  
\_\_\_\_\_

**K. Experience (LBP Risk Assessor, Supervisor, and/or Project Designer disciplines only)**

Title or Occupation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Name

Street Address, Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Period of Employment \_\_\_\_\_  
From To

**L. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**M. Certification Statement**

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to R307-840, R307-841, and R307-842 Utah Administrative Code, follow the work practice standards outlined in the aforementioned Administrative Rules, and conduct lead-based paint work activities only in those fields in which I have received certification.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_ Applicant's Title (if applicable) \_\_\_\_\_

**Before you mail your application, please check to make sure you have:**

- Filled out all sections of the application for the LBP discipline you are applying for?
- Signed and dated the application?
- Enclosed copies of your initial course completion certificate(s)?
- Enclosed documentation of your education, experience, and professional certifications, if necessary?
- Enclosed notarized proof of citizenship form and copy of drivers license or green card (for first-time application only)
- Enclosed any other necessary documentation?
- Enclosed the appropriate certification fees?
- Enclosed photograph at least 2 x 2 inches or electronic file of yourself?
- Made a copy of this application for your files?

**Mail original completed application, supporting materials and fees in one package to:**

Utah Department of Environmental Quality  
 Division of Air Quality  
 Lead-Based Paint Program  
 195 North 1950 West  
 P.O. Box 144820  
 Salt Lake City, UT 84114-4820

<u>Official Use Only</u>	<i>Applicants: Please do not write in this area</i>	<u>Official Use Only</u>
Date Application Received _____	Fee Amount Received _____	
Date Application Reviewed _____	Date Additional Information Requested _____	
Date Additional Information Received _____	Date Application Approved _____	
Certification Expiration Date _____	Certification # _____	
Additional Information:		
DAQA-581-18		Revised 6/25/18

## Specific Section Instructions for the LBP Certification Application For Individuals

**Section B - Applicant Information** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. The Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ) will use this information to issue your Lead-Based Paint (LBP) certification card and to track your certification status. You may list one to three addresses (home address, business address, and/or mailing address). At least one of the addresses you list must be a street address (i.e. *not* a post office box). Green card number must be filled out only if you have a green card. Furnishing the information on this form is voluntary, however, failure to do so will affect the maintenance of your UDEQ/DAQ LBP certification records. Furnishing your Social Security Number (SSN) is voluntary, however, failure to do so will affect the maintenance of your UDEQ/DAQ LBP certification records. If you choose not to provide your SSN, the UDEQ/DAQ will provide you with a nine-digit number so we can process your application. Please make a record of this nine-digit number and use it with all future UDEQ/DAQ LBP certification correspondence including all future certification and re-certification applications. Please complete this form by writing legibly (using blue or black ink) or by using a typewriter/computer printer.

Please complete the appropriate sections of this application for each LBP certification discipline (Abatement Worker, Inspector, Inspector/Risk Assessor, Supervisor or Project Designer).

LBP Abatement Worker - Application Sections B, C, D, E, F, G, L (if applicable), and M.

LBP Inspector - Application Sections B, C, D, E, F, G, H, L (if applicable), and M.

LBP Inspector/Risk Assessor - Application Sections B, C, D, E, F, G, H, L (if applicable), and M. Also complete section J, or sections I and K.

LBP Supervisor - Application Sections B, C, D, E, F, G, H, K, L (if applicable), and M.

LBP Project Designer - Application Sections B, C, D, E, F, G, H, I, K, L (if applicable), and M.

LBP Renovators - Application Sections B, C, D, E, F, G, L (if applicable), and M.

LBP Dust Sampling Technicians - Application Sections B, C, D, E, F, G, L (if applicable), and M.

**Section C - Certification Disciplines and Fees** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. You can apply for **all** LBP certification disciplines with one application. Certification expiration is based on the third (3rd) anniversary of the course completion date shown on the course certificate for Abatement Workers, Inspectors, Risk Assessors, Supervisors, and Project Designers. Certification expiration is based on the fifth (5th) anniversary of the course completion date shown on the course certificate for Renovators and Dust Sampling Technicians. Certification fees represent the cost for a complete year of certification or any fraction thereof.

To determine your total LBP multi-discipline certification fee, you will first need to identify which LBP discipline(s) you are applying for with this application. You will need to mark the appropriate box(es) on the left side of the **Lead-Based Paint Certification Disciplines** column of the table found in Section C. Individuals can be certified for a period of up to three (3) years based on the training expiration date found on your course completion certificate for Abatement Workers, Inspectors, Risk Assessors, Supervisors, and Project Designers. Individuals can be certified for a period of up to five (5) years based on the training expiration date found on your course completion certificate for Renovators and Dust Sampling Technicians. Please indicate how many years of certification you are applying for in the **Years of Certification** column, multiply the number of years by the appropriate fee and place that total fee in the **LBP Certification Fee** column. Add all fees found in the **LBP Certification Fee** column and place the total LBP multi-discipline certification fee in the box found at the bottom of the table. This total LBP multi-discipline certification fee must be submitted to the Utah Department of Environmental Quality/Division of Air Quality at the time of application.

The Utah LBP Rule allows certified Inspector/Risk Assessors to perform any regulated activity that can be performed by certified Inspectors, so, there is no reason for an individual to apply for both disciplines. Inspectors can only perform inspections activities (not risk assessments or lead hazard screens) so be sure to apply for the correct certification discipline. Similarly, certified LBP Supervisors can perform any regulated activity that can be performed by a certified Abatement Worker so there is no reason for an individual to apply for both of these disciplines. Abatement Workers can not perform tasks specifically identified for Supervisors so be sure to apply for the correct certification discipline.

**Section D - Lead-Based Paint Activity Violations** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. Please see specific instructions in Section D of this application.

**Section E - Photograph** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. Please see specific instructions in Section E of this application.

**Section F - Accredited LBP Certification Training** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. Please complete this section with information about the accredited course(s) you successfully completed in the LBP discipline(s) for which you are applying. If you received training from more than one provider, please document each training provider using the Section F format on additional sheets of paper. If you are applying for the **LBP risk assessor** certification discipline, please provide information about both your accredited LBP risk assessor and LBP inspector training courses. If you are applying for the **LBP project designer** certification discipline, please provide information about both your accredited LBP project designer and LBP supervisor training courses. **Please include a clear, legible photocopy of your initial training certificate(s) and refresher training certificate(s), if applicable, from the accredited LBP training provider documented in this section of the application.**

**Section G - Current LBP Certification Status** - This section needs to be completed for **all certification disciplines**. Please complete all appropriate fields in this section. Please see specific instructions in Section G of this application.

**Section H - Third-Party Testing** - This section needs to be completed for the **inspector, risk assessor, supervisor** and/or **project designer** certification disciplines only. Please complete all appropriate fields in this section. If documenting third-party testing from more than one test provider, please document each test provider using the Section H format on additional sheets of paper. **Please include a clear, legible copy of your third-party test results with your application for documentation.**

**Section I - Education** - This section needs to be completed for the **risk assessor** and/or **project designer** certification disciplines only and you are using your education to qualify for LBP certification. Please complete all appropriate fields in this section. Use the space provided in this section of the application to describe the formal education (**not** LBP training) that you have received. Name any technical, vocational, or special trade schools, colleges, and/or graduate schools you have attended. Indicate highest level completed, major courses of study, degrees received, and years attended. Please list schools attended even if you did not graduate. Attach additional sheets of paper using the Section I format, if necessary. **Please include clear, legible photocopies of your official high school diploma, GED equivalent documentation, or your official transcript from a university, college, or other institution of higher learning with your application.**

**Section J - Professional Certification/License** - This section needs to be completed for the **risk assessor** certification discipline only and you are using your professional certification/license(s) to qualify for LBP certification. Please complete all appropriate fields in this section. Use the space provided in this section of the application to describe your professional certification/license(s) (**not** LBP certifications). Please list relevant professional certification/license(s) held, such as, Certified Industrial Hygienist, Professional Engineer, Registered Architect, Environmental Scientist, etc. Attach additional sheets of paper using the Section J format, if necessary. **Please include a clear, legible photocopy of the official document(s) awarding your certification/license and a copy of the certification/license(s) with your application.**

**Section K - Experience** - This section needs to be completed for the **risk assessor, supervisor** and/or **project designer** certification disciplines only and you are using your experience to qualify for LBP certification. Please complete all appropriate fields in this section. Attach additional sheets of paper using the Section K format, if necessary. **Please include a clear, legible resume, letter of reference, or documentation of work experience which outlines appropriate experience for each LBP discipline with your application.**

**Section L - Additional Information** - Use the following space for any additional information or comments that you want the UDEQ/DAQ LBP Program to consider with your application. Attach additional sheets of paper, if necessary.

**Section M - Certification Statement** - Please read the certification statement carefully and sign, date and include your job title, if applicable.