



State of Utah

Department of Environmental Quality
Division of Air Quality
Lead-Based Paint Program
195 North 1950 West, 4th Floor
P.O. Box 144820
Salt Lake City, Utah 84114-4820

Utah DAQ Date Received Stamp Only

Check #/Amount _____

LEAD-BASED PAINT APPLICATION FOR COURSE ACCREDITATION

A. Applicant Information

Please complete all appropriate fields in this application. Please be aware that proper and thorough completion of this application and the submission of required documents will expedite the course accreditation process and you will receive your Utah Division of Air Quality (DAQ) Lead-Based Paint (LBP) course accreditation sooner. Please complete this form by writing legibly (using blue or black ink only) or by using a typewriter/computer printer.

Name of Training Program: _____

Applicant's Name: _____
Business, State, Government, etc.

Applicant's Address: _____
Street Address City State Zip Code

Mailing Address: _____
(If different than above) Street Address City State Zip Code

Applicant's Phone #: (_____) _____ - _____ ext. ____ Applicant's Fax #: (_____) _____ - _____

Applicant's E-mail Address: _____

Do you request a fee waiver as a: Local Government Applicant State Government Applicant

Nonprofit Applicant: IRS Issued 501(c)(3), 501(c)(5), or 501(c)(9) Number: _____
(Please submit a copy of the official IRS letter confirming your nonprofit designation and IRS 501(c)(3), 501(c)(5), or 501(c)(9) numbers with your application).

Please list the locations in Utah where the training will take place. Attach additional sheets of paper using the following format if necessary.

Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

Street Address, Suite No. (Please, no P.O. Box Numbers) City State Zip Code

B. Course(s) to be accredited or reaccredited

Check the appropriate box(es) to indicate which course(s) you are applying for Utah DAQ accreditation or reaccreditation. **Accreditation** is the first time you apply to the Utah DAQ LBP program for approval of initial and/or refresher certification courses. **Reaccreditation** is when you apply to extend courses currently accredited by the Utah DAQ Program. Courses in an electronic learning format, video conference, or language other than English must be listed separately.

<p>Inspector</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	<p>Risk Assessor</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	<p>Abatement Worker</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	<p>Supervisor</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation
<p>Project Designer</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	<p>Renovator</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	<p>Dust Sampling Technician</p> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Initial Reaccreditation <input type="checkbox"/> Refresher Accreditation <input type="checkbox"/> Refresher Reaccreditation	

C. Course Accreditation Fees

The Utah DAQ has established an hourly rate of \$90.00/hour for the accreditation of lead-based paint certification courses. Accreditation fees will be waived for non-profit training providers with a copy of the official IRS letter confirming current 501(c)(3), 501(c)(5), or 501(c)(9) status.

D. Training Course Materials

Will you be using EPA Model Lead-Based Paint training materials? Yes No

If no, please include a copy of the course agenda and a copy of the student and instructor training manuals for each course.

E. Qualifications of Training Program Manager

Name of Training Program Manager: _____
Last First Middle Initial

Training Program Manager's Title: _____

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

Name relevant colleges, graduate schools, and/or technical, vocational, or special trade schools that the training program manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper using the following format if necessary.

School	Course of Study	Hours Completed	Highest Level	Completed Degree(s) Received	Year Graduated

E. Qualifications of Training Program Manager (continued)

Please indicate how the training program manager satisfies the requirements of Utah Administrative Code (UAC) R307-842 and 40 CFR 745.225(c)(1):

Construction Industry: Experience, or Education, or Training

Specific experience, education, or training type: _____

Location: _____ City State Years: _____

and one of the following:

Teaching workers or adults: Experience, or Education, or Training

Location: _____ City State Years: _____

If applicable, indicate: Date training completed: _____
Month/Day/Year

Date teaching certificate received: _____
Month/Day/Year

or:

Bachelor's or graduate degree in an appropriate field:

Degree Discipline: _____

or:

Experience managing a training program specializing in environmental hazards:

Program Name: _____ Years: _____

Name of Training Center: _____ Location: _____
City State

F. Qualifications of Principal Course Instructor

Name of Principal Course Instructor: _____
Last First Middle Initial

Principal Course Instructor's Title: _____

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

Name relevant colleges, graduates schools, and/or technical, vocational, or special trade schools that the principal course instructor has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper using the following format if necessary.

School Course of Study Hours Completed Highest Level Completed Degree(s) Received Year Graduated

School Course of Study Hours Completed Highest Level Completed Degree(s) Received Year Graduated

F. Qualifications of Principal Course Instructor (continued)

Please indicate how the principal course instructor satisfies the requirements of UAC R307-842 and 40 CFR 745.225(c)(2):

Teaching workers or adults: Experience, or Education, or Training

Location: _____ Years: _____
City State

If applicable, indicate: Date training completed: _____
Month/Day/Year

Date teaching certificate received: _____
Month/Day/Year

Completion of accredited lead-specific training. Check as many disciplines as apply and complete information for each. Attach additional sheets of paper if necessary.

Discipline: Inspector Risk Assessor Supervisor Project Designer Abatement Worker
 Renovator Dust Sampling Technician

Specify Utah DAQ, USEPA, or USEPA-authorized State, Territory, or Tribe: _____

Name of Trainer: _____ Name of Training Center: _____

Training Center Address: _____
Street Address, Suite No. City State Zip Code

Training Center Phone #: (_____) _____ - _____ ext. ____ Date Training Completed: _____
Month/Day/Year

Experience, or Education, or Training in an appropriate field

Field: _____

Location: _____
City State

Years of applicable experience or education: _____

G. Other Qualifications

Discipline in which last accreditation received: _____ Date received: _____
Month/Day/Year

Name and Location of Training Program: _____
Name City State

Course Title(s), if applicable: _____

Have you received approval for training courses from the Utah DAQ, USEPA, or a USEPA-authorized State, Territory, or Indian Tribe? Yes No

If yes, please attach a detailed explanation.

G. Other Qualifications (continued)

Do you hold current permits, licenses, certifications, or registrations in the lead-based paint field from the Utah DAQ, USEPA or a USEPA-authorized State, Territory, or Indian Tribe? Yes No

If yes, please fill in the following blanks, one line for each permit, license, certification, or registration. Attach additional sheets of paper if necessary.

Certification Discipline Regulating Agency (Utah DAQ, USEPA, USEPA authorized State, Territory, or Indian Tribe) Certification/Identification Number Certification Expiration Date

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Certification Discipline Regulating Agency (Utah DAQ, USEPA, USEPA authorized State, Territory, or Indian Tribe) Certification/Identification Number Certification Expiration Date

H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and should be considered with the application. Attach additional sheets of paper if necessary.

I. Certification Statement

I certify that the lead-based paint training program described in Parts A through I of this application, including any attachments, meets the requirements established in Utah Administrative Code (UAC) R307-840, UAC R307-841, and UAC R307-842. I hereby attest and affirm that the information included on this application, including any attachments, is true and correct to the best of my belief and knowledge. I acknowledge that any accreditation 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 accreditation. I also attest and affirm that I will maintain my accreditation(s) according to UAC R307-840, UAC R307-841, and UAC R307-842, and conduct lead-based paint training only in those fields in which I have received accreditation. A false statement on this form may lead to prosecution or to imposition of applicable criminal and civil penalties and/or administrative remedies.

Training Program Manager's Signature

Date Signed

Training Program Manager's Printed Name

Applicant's Title (if applicable)

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

- Filled out all appropriate sections of the application
- Enclosed course manual(s) and course agenda(s) (If not using EPA model training materials)
- Enclosed a course description outline which includes the minimum training curriculum requirements
- Enclosed education, experience, training, and any other documents for the Training Program Manager and Principal Course Instructor
- Enclosed a copy of the course test blueprint
- Enclosed the appropriate course accreditation fee(s)
- If a course is in a language other than English, a signed statement from a qualified, independent translator that the translation is accurate.
- Signed and dated the application
- Enclosed a description of the training facilities and equipment to be used for lecture and hands-on training
- Enclosed a description of the activities and procedures that will be used for conducting the assessment of hands-on skills training for each course
- Enclosed a quality control plan
- Enclosed a legible copy of your IRS 501(c)(3), 501(c)(5), or 501(c)(9) letter (if applicable)
- Enclosed a sample course completion certificate
- Made a copy of the application for your files

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

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 Division of Air Quality
 Lead-Based Paint Program
 195 North 1950 West, 4th Floor
 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 Course(s) Reviewed _____	Date Course(s) Approved _____	
DAQA-289-10		