

# **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

leadbasedpaint@utah.gov

UDEQ/DAQ Date F	Received Stamp Only
Postmark Date: Check #/Credit Card Amount: _	

## LEAD-BASED PAINT CERTIFICATION APPLICATION FOR INDIVIDUALS

Name:	·		Date of Birth
Home Address:			month/day/year
City:		State:	Zip Code:
Phone #:	Email A	ddress:	
Height:	(ft/in) Weight:	(lbs) Hair Color:	Eye Color:
Business Name:			
Mailing Address:			
City:		State:	Zip Code:
Business Phone #		Fax #	
E-mail Address:			

Lead-Based Paint Certification Disciplines	Years of Certification	LBP Certification Fee
☐ Lead-Based Paint Abatement Worker *	X \$110.00	
☐ Lead-Based Paint Inspector *	X \$137.50	
☐ Lead-Based Paint Inspector/Risk Assessor *	X \$220.00	
☐ Lead-Based Paint Supervisor *	X \$220.00	
☐ Lead-Based Paint Project Designer *	X \$220.00	
☐ Lead-Based Paint Renovator ** (8 hr initial, or 4 hr refresher course)	X \$110.00	
<b>Total LBP Multi-Discipline Certification Fee</b>		

<sup>\*</sup> Three Year Maximum, \*\* Five Year Maximum

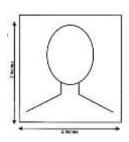
### C. Lead-Based Paint Violations

	lian Tribe LBP regulations? If yes, please explain below.
D. Accredited LBP Certification T	
Name of Trainer:	
Name of Training Center:	
	State: Zip Code:
Phone #:	E-mail Address:
Date Training Completed:	Training Certificate Number:
	ge other than English, please specify language: ou took:   Course test/hands-on assessment   Proficiency test
E. Current LBP Certification Stat	us
•	s, certifications, or registrations in the lead-based-paint Yes No ther State, Territory, or Indian Tribe?
If yes, please complete the following	section, one line for each permit, license, certification or registration held.
Certification Discipline:	Organization issuing certification:(UDEQ/DAQ, USEPA, State, Territory, or Indian Tribe)
Certification/Identification Number/	Date received:
Certification Discipline:	Organization issuing certification:(UDEQ/DAQ, USEPA, State, Territory, or Indian Tribe)
Certification/Identification Number/	Date received:
F. Third-Party Testing (Inspector,	Risk Assessor, Supervisor and/or Project Designer disciplines only)
Name of Test Provider:	
Address:	
City:	State: Zip Code:
Phone #:	E-mail Address:
Date Test Taken:	Test Score:  Percent correct or Pass (if no score is provided)
	Percent correct or Pass (if no score is provided)

### G. Education (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 Year(s) Attended Degree(s) Received School Course of Study Highest Level Completed Year(s) Attended Degree(s) Received H. Professional Certification/License (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) I. Experience (Risk Assessor, Supervisor, and/or Project Designer disciplines only) Title or Occupation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Business Name: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Business Phone # \_\_\_\_\_\_ ext. \_\_\_\_\_ Period of Employment \_ To J. Additional Information K. 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 Utah Administrative Code R307-840, R307-841, and R307-842, 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)

### L. Photograph

Please submit a color photograph that is recent enough to be a good likeness (normally taken within the last 6 months). The photograph should be at least 2 x 2 inches in size with 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 a plain, light (white or off-white) background. Retouched photographs are unacceptable. Digital photographs and electronic files containing images meeting the above photographic standards will also be accepted by the DAQ.



	Bef	ore	you	submit	t your	apj	plication,	please	check	to	make sure	e you	have:
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Ш	Filled out completely, signed and dated the application.
	Enclosed copies of your initial course completion certificate(s) and refresher(s), if applicable.
	Enclosed documentation of your education, experience, and professional certifications, if necessary.
	Enclosed citizenship form, if applying for certification with lead-based paint/asbestos for the first time.
	Provided a copy of your id, such as a driver's license or immigration identification.
	Paid the fee.
	Emailed photograph as a .jpg or .jpeg format.
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#### **Instructions**

Utah Law requires anyone applying for certification to have proof of citizenship or legal residency. This is a one-time only submission if you are a U.S. citizen. This form is available on the DAQ website, <a href="www.leadpaint.ut.gov">www.leadpaint.ut.gov</a>. If you are not a U.S. citizen, you will need to submit a citizenship form with a copy of both sides of your permanent residence card or employment authorization card.

#### Section C - Certification Disciplines and Fees -

The Utah LBP Rule allows certified Inspector/Risk Assessors to perform any regulated activity that can be performed by certified Inspectors, so you only need to take a Risk Assessor refresher course to certified in both disciplines.

- **D:** Accredited LBP Certification Training If you received training from more than one provider, please document each training provider. 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.**
- **F:** Third-Party Testing For the inspector, risk assessor, supervisor and/or project designer certification. If documenting third-party testing from more than one test provider, please document each test. Please include a clear, legible copy of your third-party test results.
- **G:** Education For the risk assessor and/or project designer certification and if you are using your education to qualify for LBP certification. 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. **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.**
- **H:** Professional Certification/License For the risk assessor certification and if you are using your professional certification/license(s) to qualify for LBP certification. 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. **Please include a clear, legible photocopy of the official document(s) awarding your certification/license and a copy of the certification/license(s).**
- I: Experience For the risk assessor, supervisor and/or project designer certification and if you are using your experience to qualify for LBP certification. Please include a clear, legible resume, letter of reference, or documentation of work experience which outlines appropriate experience for each LBP discipline.