



FOR L&I USE ONLY

Cert #: _____

Date: _____

VERIFICATION OF DEGREE FOR LEAD OCCUPATION CERTIFICATION
PLEASE TYPE OR PRINT NEATLY IN INK
(Form cannot contain revisions, corrections or items whited-out)

Type of Certification	Project Designer <input type="checkbox"/> Risk Assessor <input type="checkbox"/>
Applicant Information	Name _____ Street Address _____ Apartment/Suite # _____ City _____ State _____ Zip Code _____ County _____ Date of Birth (MM/DD/YY) _____ Telephone _____ Name of College or High School _____ Dates Attended From _____ To _____ Check which of the following you have earned and, if college degree, specify type: High School Diploma <input type="checkbox"/> College Degree <input type="checkbox"/> _____
Notarized Statement (Sign only in presence of a Notary)	I certify, under penalty of law, that all information given on this application is true and correct. <hr/> <p align="center">Applicant Signature _____ Date _____</p> Subscribed and sworn to before me on: _____(MONTH) _____(DAY) _____(YEAR) Signature of Person Administering Oath _____ My commission expires on _____ SEAL
Filing Requirements	Mail this form and any other required applications/documentation to: PA Department of Labor & Industry Certification, Accreditation and Licensing Division 651 Boas Street, Room 1606 Harrisburg, PA 17121 Please direct any questions regarding certification to 717-772-3396 or CALBOIS@pa.gov .