

Cert #: \_\_\_\_\_  
TCC: \_\_\_\_\_  
Date: \_\_\_\_\_

CL1

## APPLICATION FOR LEAD OCCUPATION CERTIFICATION

**IMPORTANT: Pennsylvania Residents:** In order to apply for PA lead occupation certification, applicants must have successfully completed a PA approved initial or refresher training course. **No matter what type of training course certificate is presented, it must be valid (it cannot have expired) at the time of filing this application.** **Out of State Residents:** For applicants who take training outside of Pennsylvania a copy of a valid certification, permit or license issued by that state must accompany the training certificate at time of submission. Your application will not be processed without this required documentation. See page 3 for additional instructions.

PLEASE TYPE OR PRINT NEATLY IN INK

Date: \_\_\_\_\_ 20\_\_\_\_ Type of application:  Initial  Renewal

### PERSONAL DATA

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_  
Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_  
Height: \_\_\_\_ Feet \_\_\_\_ Inches  
Eye Color (Check one):  
 1. Black  2. Brown  3. Gray  4. Blue  5. Green  6. Hazel  7. Other

### EMPLOYMENT HISTORY

Are you employed by the Commonwealth of Pennsylvania?  Yes  No  
Employer \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer's Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Length of Employment \_\_\_\_ Yr(s) \_\_\_\_ Mo(s) Position \_\_\_\_\_

### CERTIFICATION REQUESTED:

1. Worker  2. Supervisor  3. Project Designer  
 4. Building Inspector  5. Risk Assessor

Enclose check or money order made payable to **Commonwealth of Pennsylvania.**

Total Payment Enclosed \$ \_\_\_\_\_

### FOR L&I USE ONLY

Payer: \_\_\_\_\_  
Address: \_\_\_\_\_  
BATES # \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**TRAINING INFORMATION**

Training Date \_\_\_/\_\_\_/ 20\_\_\_ Course Title \_\_\_\_\_

Training Provider \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Training Date \_\_\_/\_\_\_/ 20\_\_\_ Course Title \_\_\_\_\_

Training Provider \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Training Date \_\_\_/\_\_\_/ 20\_\_\_ Course Title \_\_\_\_\_

Training Provider \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**License Information:** For applicants who take training outside of Pennsylvania a copy of a valid certification, permit or license issued by that state must accompany the training certificate at time of submission.

By signing this document, I certify that the above information is correct and that within the past 36 months my license or authorization to perform lead abatement work has not been suspended or revoked by any other state, and that no enforcement actions are pending against me.

Name (Signed) \_\_\_\_\_

Name (Printed or Typed) \_\_\_\_\_

The Department may deny an applicant’s request for a license based on prior enforcement actions indicating that the applicant’s abatement work might not be performed in a manner that would protect the public health, safety, and welfare. **If enforcement action has been taken against the applicant, the following information must be submitted:**

1. A complete list of all prior enforcement actions, including any sanctions imposed on the applicant by any jurisdiction or any state/federal court.
2. A description of any lead abatement activities conducted by the applicant that were terminated prior to completion, including the circumstances of termination.
3. A copy of any reports compiled by an enforcement agency.

**Mail this application (pages 1 and 2), your payment and any additional documentation to:**

PA DEPARTMENT OF LABOR & INDUSTRY  
CERTIFICATION, ACCREDITATION AND LICENSING DIVISION  
651 BOAS STREET, ROOM 1606  
HARRISBURG, PA 17121-0750

## **IMPORTANT INFORMATION PERTAINING TO COMPLETION OF THE CERTIFICATION FORM (LIBI-607L)**

### 1. How Your Pennsylvania Lead Certification Validation Period Will Be Determined

The validation period for all Pennsylvania lead certifications coincides with the latest effective date of the EPA or PA training certificate received by the applicant. This applies to initial training or refresher training certificates.

For example: If you apply for a renewal of your PA worker lead certification on July 1, 2009, and your latest refresher training certificate is valid until January 1, 2010, then your Pennsylvania certification is valid until January 1, 2010. Additionally, you would only submit half the normal annual fee (\$25.00).

### 2. How To Calculate Your Fee

When applying for either an initial or renewal Pennsylvania Lead Certification, please note the latest date your EPA or PA training certificate expires:

- (a) If the training certificate (initial or refresher) expiration date is **greater than six (6) months from the date of application** to the Department of Labor & Industry, then you must submit the full yearly lead certification fee for either the initial or renewal Pennsylvania Lead Certification.
- (b) If the training certificate (initial or refresher) expiration date is **six (6) months or less from the date of application to the Department of Labor & Industry**, then you should submit one-half (1/2) of the yearly lead certification fee for either the initial or renewal Pennsylvania Lead Certification.

Here are the fees required, depending on whether the applicant falls under (a) or (b):

<b>(a) If there are more than 6 months until expiration of training certificate:</b>	
Worker	\$ 50.00
Supervisor	\$ 75.00
Project Designer	\$200.00
Building Inspector	\$200.00
Risk Assessor	\$200.00
<b>(b) If there are 6 months or less until expiration of training certificate:</b>	
Worker	\$ 25.00
Supervisor	\$ 37.50
Project Designer	\$100.00
Building Inspector	\$100.00
Risk Assessor	\$100.00

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*