

Certification # \_\_\_\_\_

Revised 4/29/21

Cabinet for Health and Family Services  
Kentucky Department for Public Health

**Application for Company Certification (Please Print Clearly)**

**Applicant Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Fees and Documentation**

Initial  Renewal Cert. # \_\_\_\_\_

\$50 nonrefundable application fee required for all certifications.

\$200 Company Fee

\$50 Application Fee + \$200 Company Fee = \$250.00 Total Fees

**Additional Required Documents:**

Notarized Affidavit  List of Employees

**Please make all checks out to Kentucky State Treasurer.**

**Disclaimer and Signature**

*This is to affirm that the above (and attached) information is accurate and has been provided by me:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Department For Public Health Use Only**

Check: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_



Mail To:  
Certification  
Environmental Lead Program  
275 East Main Street HS1EB  
Frankfort, KY 40621

