Cabinet for Health and Family Services Kentucky Department for Public Health

Application for Individual Certification (Please Print Clearly)

Applicant Information				
Full Name:				DOB:
Tail Hairio.	Last	First	M.I.	
Address:	Otro et Autolos e			A (1) I - '(-) II
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Work Phone): 	Home Phone:	Email:	
If you are employed by a lead-hazard company certified by the Department, provide the following:				
Company Name:			Phone Num	ber:
Certification Number: Address:				
Discipline				
□ Initial □ Renewal Certification Number:				
\$50 nonrefundable application fee required for all certifications.				
If initial, or lapsed certification up to 6 Months, a 3 rd Party exam is required □\$50				
□ Worker \$75 □ Supervisor \$150 □ Project Designer \$300 □ Inspector \$200 □ Risk Assessor \$250				
\$50 Application Fee + Discipline Fee + \$50 3 rd party fee, if required = Total Fees				
□ Replacement of ID card or certificate \$25				
Additional Required Documents:				
□ 2x2 color photo □ Copy of Course Certificate □ Proof of Education, if required				
■ Related work experience, if required				
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 Receiv	red:		Processed By:	

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



