



Application and Instructions for Training Providers

Applying for Accreditation of Lead- Based Paint Activity Training Programs

ACCREDITATION APPLICATION FOR TRAINING PROGRAMS (CONTINUED)

Form Approved OMB No. 2070-0165 Expires 08/31/04

Completion of Accredited Lead-specific Training Requirement of §745.225(c)(2)(ii).
Check as many that apply and complete information for each. Attach additional sheets of paper, as necessary.

Discipline: Inspector Supervisor Risk Assessor Project Designer Abatement Worker

Specify EPA or name of accrediting EPA-authorized jurisdiction: _____

Name of Training Program: _____

State: _____ Zip Code: _____

Month/Day/Year: _____

Form Approved OMB No. 2070-0165 Expires 08/31/04

U.S. ENVIRONMENTAL PROTECTION AGENCY

ACCREDITATION APPLICATION FOR TRAINING PROGRAMS FOR LEAD-BASED PAINT ACTIVITIES

Important: Consult the Instructions for Training Programs Applying for Accreditation of Lead-Based Paint Activities and the official requirements reprinted there to complete this form. Please type or print responses in black or blue ink only.

Official Use Only

For information on EPA and other lead programs, see: <http://www.epa.gov/lead>

Check here to be listed on EPA's web site

A. General Information

Select one of the following application types:

- Initial accreditation application
- Re-accreditation application
- Adding additional jurisdiction(s) to accreditation/amending accreditation
- Replacement of a certificate

Indicate the course(s) for which you seek accreditation or re-accreditation. List all EPA-run jurisdiction(s) in which you intend to conduct lead-based paint activity training. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal lands in any one EPA Region. Attach additional sheets of paper, as necessary.

The fee you must pay depends on the number of disciplines and EPA-run jurisdiction(s) in which you plan to conduct lead-based paint activity training. See the fees schedule in the instruction booklet to determine your fee. The total fee listed below should include fees calculated on any additional sheets.

	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker	Fee
1 st EPA-run jurisdiction* (pay base accreditation fee only)	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
2 nd EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
3 rd EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
4 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
5 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
6 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
7 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
8 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
9 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
10 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
11 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
12 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
13 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
14 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
15 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
16 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
17 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
18 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
19 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
20 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
21 st EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
22 nd EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
23 rd EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
24 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
25 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
26 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
27 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
28 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
29 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____
30 th EPA-run jurisdiction*	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> R	\$ _____

* EPA-run jurisdiction (pay base accreditation fee only)

Check here if you are listing additional EPA-run jurisdiction(s) (List on additional sheets of paper and attach, as necessary. Each additional jurisdiction \$35 per discipline, per jurisdiction.)

Check here if you are listing additional EPA-run jurisdiction(s) (List on additional sheets of paper and attach, as necessary. Each additional jurisdiction \$35 per discipline, per jurisdiction.)

Worker courses in a language other than English (list each language separately): _____

(Note: Only worker courses) can be taught in a language other than English. \$1,760 for initial course, \$1,010 for refresher course, and \$35 for each additional EPA-run jurisdiction per language.)

Do you request a fee waiver as a:

- Local government applicant
- Nonprofit applicant (Nonprofit means an entity that has demonstrated to any branch of the Federal Government or to a state, municipal, tribal, or territorial government, that no part of its net earnings inure to the benefit of any private shareholder or individual.)
- State government applicant
- Other

If your training program designation is nonprofit, specify the IRS-issued number below and submit a copy of an official IRS letter confirming such designation. If another agency/state has designated your nonprofit status, indicate the agency/state and corresponding identification number and attach appropriate documentation.

501(c)(3) 501(c)(5) 501(c)(9) Other

B. Applicant Information

Name of Training Program and Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Phone #: () - - ext. _____ Applicant's Fax #: () - -

Applicant's E-mail Address: _____

EPA Form 8500-25 (Rev. 07/02)

Page 1 of 4

Training Diploma Transcript Certificate

EPA Form 8500-25 (Rev. 07/02)

Page 2 of 4

EPA Form 8500-25 (Rev. 07/02)

Page 4 of 4

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U. S. ENVIRONMENTAL PROTECTION AGENCY

ACCREDITATION APPLICATION
FOR TRAINING PROGRAMS

Important: Consult the instructions provided for training programs applying for accreditation of lead-based paint activities courses to complete this form. **Please type or print responses in black or blue ink only.**

A. General Information

Official Use Only

Select one of the following application types:

- Initial accreditation application
- Re-accreditation application
- Adding jurisdiction(s) to accreditation/amending accreditation
- Replacement of a certificate

For information on EPA and other lead programs, see: <http://www.epa.gov/lead>

Indicate the course(s) for which you seek accreditation or re-accreditation. List all EPA-run jurisdiction(s) in which you intend to conduct lead-based paint activity training. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal land(s) in any one EPA Region. Attach additional sheets of paper, as necessary.

Check here to be listed on EPA's web site

The fee you must pay depends on the number of disciplines and EPA-run jurisdiction(s) in which you plan to conduct lead-based paint activity training. See the fees schedule in the instructions to determine your fee. The total fee listed below should include fees calculated on any additional sheets.

	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Fee
	I	R	I	R	I	R	I	R	I	R	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
1 st EPA-run jurisdiction* (pay base accreditation fee only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 nd EPA-run jurisdiction*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Check here if you are listing additional EPA-run jurisdiction(s)

(List on additional sheets of paper and attach, as necessary. Each additional jurisdiction \$35 per discipline, per jurisdiction.)

*See the definition of EPA-run jurisdiction(s) and the fee examples in the instructions. For current listing of EPA-run jurisdictions, see www.epa.gov/lead or call 1-800-424-LEAD.

Worker courses in a language **other than English** (list each language separately): _____
 (Note: Only worker course(s) can be taught in a language other than English. \$1,760 for initial course, \$1,010 for refresher course, and \$35 for each additional EPA-run jurisdiction per language.)

\$ _____

Total Fee: \$ _____

- Do you request a fee waiver as a:
- Local government applicant
 - State government applicant
 - Nonprofit applicant: (Nonprofit means an entity that has demonstrated to any branch of the Federal Government or to a state, municipal, tribal, or territorial government, that no part of its net earnings inure to the benefit of any private shareholder or individual.)

If your training program designation is nonprofit, specify the IRS-issued number below and submit a copy of an official IRS letter confirming such designation. If another agency/state has designated your nonprofit status, indicate the agency/state and corresponding identification number and attach appropriate documentation.

- 501(c)(3) _____ IRS-issued number
- 501(c)(5) _____ IRS-issued number
- 501(c)(9) _____ IRS-issued number
- Other _____

B. Applicant Information

Name of Training Program and Street Address: _____
Business, State, Agency, etc.

Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

Mailing Address: _____
Address City State Zip Code

Applicant's Phone #: (____) ____-____ ext. _____ Applicant's Fax #: (____) ____-____

Applicant's E-mail Address: _____

Please list all types of facilities and locations at which training will take place. Attach additional sheets of paper, as necessary.

Type of Facility _____ Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

Type of Facility _____ Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

C. Qualifications of Training Program Manager

Name of Training Program Manager: _____
Last First Middle

Training Program Manager's Title: _____

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §745.225(c)(1)(i), (ii), or (iii):

Check one of the following:

- Experience **or** Education **or** Training **or** Bachelors or graduate degree in any field **or** Experience managing a training program specializing in environmental hazards

Circle the supporting documentation attached for the box checked above:

- | | | | | |
|----------------------------------|------------------|-----------------|------------------|----------------------------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> | <u>Bachelors</u> | <u>Management experience</u> |
| Resume | Diploma | Diploma | Diploma | Resume |
| Letter of Reference | Transcript | Transcript | Transcript | Letter of Reference |
| Documentation of Work Experience | | Certificate | | Documentation of Work Experience |

Construction Industry Requirement of §745.225(c)(1)(iv):

Check one of the following:

- Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

- | | | |
|----------------------------------|------------------|-----------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> |
| Resume | Diploma | Diploma |
| Letter of Reference | Transcript | Transcript |
| Documentation of Work Experience | | Certificate |

D. Qualifications of Principal Course Instructor (Attach a separate sheet for each individual.)

Name of Principal Course Instructor for each course: _____
Last First Middle

(If more than one, attach additional sheets.)

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §745.225(c)(2)(i):

Check one of the following:

- Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

- | | | |
|----------------------------------|------------------|-----------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> |
| Resume | Diploma | Diploma |
| Letter of Reference | Transcript | Transcript |
| Documentation of Work Experience | | Certificate |

Completion of Accredited Lead-specific Training Requirement of §745.225(c)(2)(ii):

Check as many that apply and complete information for each. Attach additional sheets of paper, as necessary.

Discipline: Inspector Supervisor Risk Assessor Project Designer Abatement Worker

Specify EPA or name of accrediting EPA-authorized state, U.S. territory, or Indian tribe: _____

Name of Trainer: _____ Name of Training Program: _____

Training Program Address: _____
Street Address, Suite Number City State Zip Code

Training Program Phone #:(_____) _____-_____ ext. _____ Date Training Completed: _____
Month/Day/Year

Training Certificate Identification Number: _____

Construction Industry Requirement of §745.225(c)(2)(iii):

Check one of the following:

Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>
Resume	Diploma	Diploma
Letter of Reference	Transcript	Transcript
Documentation of Work Experience		Certificate

E. Lead-Based Paint Activity Violations

Does the training program have any past, present, or pending lead-based paint activity violations of EPA, state, U.S. territory, or Indian tribal land(s) regulations? Yes No

If yes, please attach a written explanation.

F. Certification of Course Training Material

I certify that I am using the course training materials as marked in the boxes below for each of the courses that I am seeking accreditation as required by §745.225(b)(1)(iii). My signature in Section I applies to this Section F.

	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker
EPA recommended training materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized state course/program (attach documentation that course and/or program is state-approved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other LBP training (contact the Help Line at 1-800-424-LEAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Re-accreditation Applicants Only

Use the following space to describe any changes to the training facility, equipment, or course materials since the training program's last application was approved. Attach additional sheets of paper, as necessary.

H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and want EPA to consider with your application. Attach additional sheets of paper, as necessary.

I. Certification Statement

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Parts A through H of this application, including any attachments, meets the requirements established in paragraph (c) of 40 CFR § 745.225. 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 accreditation 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 accreditation. I also attest and affirm that I will maintain my accreditation(s) according to 40 CFR § 745.225 and conduct lead-based paint activities training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or to imposition of applicable criminal and civil penalties and/or administrative remedies.

Date Signed

Training Program Manager's Signature
(Please sign legibly within the boundaries of the box above.)

Before you mail your application and accreditation fee, make sure that you have:

Filled out all applicable sections of the application
Signed and dated the application
Made a copy of your application for your files
Enclosed education, experience, and other documentation for the Training Program Manager and Principal Course Instructor
Enclosed a description of facilities and equipment
Enclosed the course test blueprint
Enclosed a description of activities and procedures for hands-on skills assessment
Enclosed quality control plan(s)
Enclosed course manual(s) and course agenda(s) (if not using EPA recommended or authorized State or Indian tribe approved training materials)
Enclosed the appropriate accreditation fee(s) (check or money order)
Printed "*Lead Program User Fees*" on the check or money order

For more information, see the fees section in the instructions

Mail original completed application, supporting materials, and accreditation fee to:

U.S. EPA
Lead User Fees
P.O. Box 979072
St. Louis, MO 63197-9000

INSTRUCTIONS FOR TRAINING PROGRAMS APPLYING FOR ACCREDITATION OF LEAD-BASED PAINT ACTIVITIES COURSES

You may apply to the U.S. Environmental Protection Agency (EPA) for accreditation or re-accreditation of a lead-based paint activities initial course(s) and/or refresher course(s) in any of the following disciplines: **Inspector**, **Supervisor**, **Risk Assessor**, **Project Designer**, or **Abatement Worker** in states, U.S. territories, and all Indian tribal land(s) in any one EPA Region where EPA implements the lead-based paint accreditation program. If EPA does not administer the accreditation program in an area where you wish to offer training, you must apply directly to that state, territory, or Indian tribe for accreditation.

These instructions supplement EPA form 8500-25 (Rev 09/04), *Accreditation Application For Training Programs*. Please note that you must use a separate application form for each application type. For example, if you are applying for initial and re-accreditation in two disciplines, you must use two separate application forms.

How to Apply for Initial Accreditation

To apply for accreditation of a training program(s), you must:

- Complete, sign, and date EPA form 8500-25 (Rev 09/04).
- Calculate the appropriate fee using the fees schedule provided with these instructions.
- Provide education, experience, and other documents for the Training Program Manager and Principal Course Instructor.
- Enclose the following materials with your application:
 - ▶ Description of training facilities and hands-on training equipment;
 - ▶ Course test blueprint;
 - ▶ Description of activities and procedures for conducting the hands-on skills assessment; and
 - ▶ Quality control plan(s), described in 40 CFR §745.225(c)(9).
- Indicate whose course materials you will use:
 - ▶ EPA-recommended;
 - ▶ EPA-authorized state or Indian tribe approved (for all course materials that are approved by an EPA-authorized state or Indian tribe, you must also enclose a copy of the authorized program approval of the course); or
 - ▶ Your own (for all course materials that are your own, that is, are not EPA-recommended or approved by an EPA-authorized state or Indian tribe, you must also enclose a complete course packet, including an agenda, student and instructor manuals, course tests, and other materials).
- Submit a complete course packet for each discipline. If a document is used in multiple courses, a copy of the document must be included in each course packet. Submitting incomplete sets of course materials will delay the review of all materials submitted for accreditation.
- Print “*Lead Program User Fees*” on the check or money order for the fee and mail it with your application to the following address:

U.S. EPA
Lead User Fees
P.O. Box 979072
St. Louis, MO 63197-9000

How to Apply for Re-accreditation

All training course accreditations expire every four (4) years. To ensure that your training program will be re-accredited before your current accreditation expires, you must submit your re-accreditation application no later than 180 days before the expiration date.

For re-accreditation, complete only sections A (General Information), B (Applicant Information), F (Re-Accreditation Applicants Only), and H (Certification Statement) of the application and follow the mailing instructions described in the “initial accreditation” section of these instructions.

Amended Application

Amended applications must be sent to the following address:

U.S. EPA
P.O. Box 14417
Washington, DC 20044-4417

Replacement of a Certificate

To replace a certificate, complete only sections A (General Information), B (Applicant Information), and H (Certification Statement) of the application and follow the mailing instructions described in the “initial accreditation” section of these instructions.

Incomplete Application

If your application is incomplete, EPA will not process your application. If any components of your application are missing, your application will become inactive for a period not to exceed 30 days until the application is made complete. If you do not complete your application, EPA will return the application package. You may apply again with a complete package. Please call 1-800-424-LEAD to see if your application is complete.

Fees

The fee for applying for accreditation, re-accreditation, and other requests is listed in the following schedule. It is important that you:

- Calculate the fee based on the number of discipline(s) and EPA-run jurisdiction(s) in which you plan to operate.
- Submit one \$35 fee for all Indian tribal land(s) in any one EPA Region, if applying for accreditation in multiple Indian tribal lands, and list each tribe by name and include their address(es).
- Write your total fee amount in section A of the application, even if you attach additional sheets of paper listing additional EPA-run jurisdictions.
- Make the check or money order payable to **U.S. Environmental Protection Agency**. Other methods of payment include wire transfer, electronic funds transfer, and, for government payers only, on-line payment agency collection (OPAC).

Fees Schedule

Course	Accreditation Fee	Re-accreditation Fee [every 4 years, see 40 CFR 745.225(f)(1)]
Initial Course		
Inspector	\$2,500	\$1,600
Supervisor	\$3,250	\$2,050
Risk Assessor	\$1,760	\$1,150
Project Designer	\$1,010	\$710
Abatement Worker in English	\$1,760	\$1,150
In language other than English*	\$1,760	\$1,150
Refresher Course		
Inspector	\$1,010	\$710
Supervisor	\$1,010	\$710
Risk Assessor	\$1,010	\$710
Project Designer	\$640	\$490
Abatement Worker in English	\$1,010	\$710
In language other than English*	\$1,010	\$710
Multi-jurisdictional Accreditation Fee**	\$35 per discipline for each additional EPA-run jurisdiction***	
Replacement Certificate	\$15	

*Applies to Abatement Worker courses only.

**Multi-jurisdictional accreditation applies to an applicant applying in more than one EPA-run jurisdiction.

***An EPA-run jurisdiction includes an EPA-run state, a U.S. territory, or all Indian tribal land(s) in any one EPA Region. (For current listing of EPA-run jurisdictions, see www.epa.gov/lead or call 1-800-424-LEAD.)

Fee Examples

- 1) If training program is applying for initial Worker course accreditation in two states:

Initial Worker accreditation fee	\$ 1760
One additional state fee*	<u> \$ 35</u>
Total Amount Due:	\$ 1795

- 2) If training program is applying for initial Worker Spanish and initial Worker Polish courses accreditation in two states:

Initial Worker Spanish accreditation fee	\$ 1760
Initial Worker Polish accreditation fee	\$ 1760
One additional state fee* (2 disciplines)	<u> \$ 70</u>
Total Amount Due:	\$ 3590

- 3) If training program is applying for refresher Worker course accreditation in two states and all Indian tribes in one EPA Region:

Refresher Worker accreditation fee	\$ 1010
One additional state fee*	\$ 35
All Indian tribes in one EPA Region fee*	<u> \$ 35</u>
Total Amount Due:	\$ 1080

*Each accreditation request includes the fee for one EPA-run jurisdiction.

EPA's Accreditation Fees Refund Policy

Training programs having submitted an application and associated fees for accreditation or re-accreditation who wish to withdraw their application prior to Agency approval will receive a fee refund based upon the schedule listed below. **Training programs who request a refund more than 10 days after the Agency receives the application will not receive a 100 percent refund.**

Number of Days Following Agency Receipt of Application	Percent Reimbursable (based upon total fees submitted for a particular discipline)
up to 10 days	100%
11 to 60 days	75%
61 to 120 days	50%
121 or more days	25%

Note: Refunds will only be made after EPA verifies fee receipt and deposit by the U.S. Treasury.

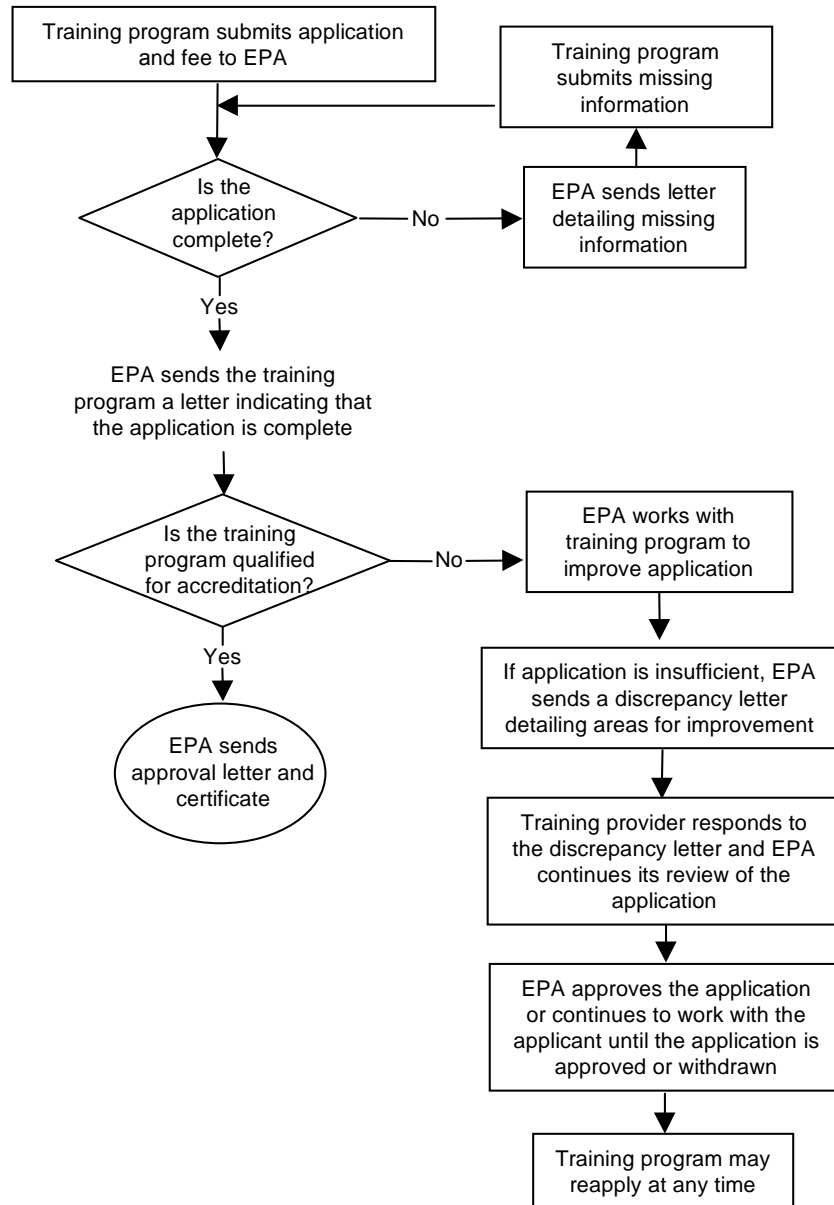
Training programs must notify the Agency in writing in order to qualify for a refund. The date of withdrawal is the date on which the Agency received the withdrawal notification.

EPA will not refund fees after granting a training program accreditation or re-accreditation. Refunds are granted only on a per discipline basis. Therefore, training programs must withdraw their application for a particular discipline in all EPA-run jurisdiction(s) included on the application. If your application is disapproved, EPA will not refund fees.

Refunds are not available for replacing a certificate.

Application Process for Training Program Accreditation

EPA processes applications on a first-come, first-served basis. The flowchart below depicts the application process for training program accreditation. EPA has up to 180 days after receiving a complete request for accreditation to approve or disapprove the application.



Paperwork Reduction Act Notice: The annual public burden for this collection of information is estimated to be 27.6 hours per accreditation response, and 4.8 hours per re-accreditation response, including the time needed for reading the instructions and completing the necessary information contained in this form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division, Office of Environmental Information (OEI), U.S. Environmental Protection Agency (Mail Code 2822), 1200 Pennsylvania Avenue, N.W., Washington, D.C. 20460. Include OMB No. 2070-0155 in any correspondence. Do not send the completed form or requested information to this address. The actual information or form should be submitted in accordance with the instructions accompanying the form, or as specified in the corresponding regulations.