



REGISTRATION FOR STATE LEAD CERTIFICATION EXAMINATION

DO NOT WRITE IN THIS BOX - FOR DEPARTMENT USE ONLY

Date rec'd: ___ / ___ / ___ Amount \$ _____ Remittance # _____ Budget #ZZ112-085

INSTRUCTIONS: This form must be completed in full and submitted to the above address along with a \$50.00 examination fee. Send a check or money order payable to the "Department of State Health Services – ZZ112-085." DO NOT SEND CASH. All paperwork must be received prior to taking the examination in order to verify eligibility and to reserve your place for the examination. Please note that it may take up to two weeks for the Department of State Health Services to process your application and payment. Once received, a confirmation letter, map, and study guide will be sent to you. Please clearly **PRINT** or **TYPE** this registration and **SIGN** on the back.

Type of exam requested? (Check one only.) Lead Inspector Lead Risk Assessor Lead Abatement Supervisor

Which exam attempt is this? 1st Attempt 2nd Attempt 3rd Attempt

IMPORTANT: If after three attempts an individual does not pass the certification examination within six months of receiving a course completion certificate(s), the individual must retake the course(s) from a department-accredited training provider prior to retaking the certification exam.

Mr. _____
 Ms. _____, _____ () - ext. () -
 [Last Name (Apellido)], [First Name (Primer Nombre)] [M.I. (Segundo Nombre)] Daytime Telephone # Fax Number

E-mail address (if any): _____

Where do you want your exam results mailed? (Indicate mailing address below.)

_____ -
 Mailing Address City State Zip

Examination Date: _____ Time: _____ Site: _____
 (Check our website or call us to inquire about the date, time, and site to fill in the blanks.)

Please place a checkmark in one of the designated boxes below which corresponds to the course documentation you are submitting with this application in accordance with the Texas Environmental Lead Reduction Rules.

For Lead Inspector Exam: Submit a Lead Inspector course completion certificate from a department-accredited training provider within six months of receiving a course completion certificate [§295.206(c)(1), (c)(4), & (c)(5)].

For Lead Risk Assessor Exam:
 Submit a Lead Inspector and Lead Risk assessor course completion certificates from a department-accredited training provider within six months of receiving the course completion certificates [§295.207(c)(1), (c)(4), & (c)(5)].

NOTE: Documentation of the following must be submitted at the time of application for certification upon passing the exam: Education, work experience, or professional credential documentation which meets the requirements in §295.207(b)(3) (bachelor's degree and one year of work experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]; **OR** an associate's degree and two years of work experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]; **OR** a high school diploma (or equivalent), plus three years of work experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]; **OR** certification as an industrial hygienist, a professional engineer, a public health nurse, a professional registered sanitarian, a certified safety professional, a registered architect, or an environmental scientist.)

For Lead Abatement Supervisor Exam:
 Submit a lead abatement supervisor course completion certificate from a department-accredited training provider within six months of receiving a course completion certificate [§295.208(c)(1), (c)(4), & (c)(5)].

NOTE: Documentation of the following must be submitted at the time of application for certification upon passing the exam: Work experience documentation that meets the requirements in §295.208(b)(3) (one year of experience as a certified lead abatement worker **OR** at least two years experience in a related field [e.g. lead, asbestos, or environmental remediation work], or in the building construction trades).

CERTIFICATION AND ACKNOWLEDGMENT STATEMENT

I hereby certify that there are no misrepresentations or falsification of information provided on this examination registration form and that all information I have provided is correct, complete, and true to the best of my knowledge. I also acknowledge that the examination is the property of the Department of State Health Services and shall not be removed from the examination site in whole or in part, and shall not be reproduced, distributed, or sold. Any form of cheating shall not be tolerated and will result in the denial of an individual's application for lead certification in accordance with §295.205(c)(15) of the Texas Environmental Lead Reduction Rules. I also understand that disclosure of a social security number by an applicant is mandatory under the Family Code Section 231.302. Social security numbers are confidential and will be used for identification and reporting purposes required by law.

Signature of Registrant	Date
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A government-issued photo identification (ID) card must be presented at the examination site on the date of the examination.

FOR OFFICIAL USE ONLY	
Examination Date ____ / ____ / ____	Result: _____ Date score mailed ____ / ____ / ____
Comments:	

SUGGESTED FORMAT FOR DOCUMENTING LEAD-RELATED EXPERIENCE

(Complete this section only if you are taking the Lead Risk Assessor exam or the Lead Abatement Supervisor exam.)

Registrant's Name

Social Security No.

Submission Date

**DATES OF
EMPLOYMENT**

**EMPLOYER NAME,
ADDRESS & PHONE #**

**JOB TITLE &
DUTIES PERFORMED**

**EXAMPLE TYPICAL PROJECTS
& VERIFICATION CONTACTS, OR
SUPERVISOR (Include Phone #)**

_____	_____	_____	_____
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PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.dshs.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004)