

**MAILING ADDRESS**

Department of State Health Services  
Environmental & Sanitation Licensing Group  
P.O. Box 149200  
Austin, Texas 78714-9200



**FOR DSHS USE ONLY:**

BUDGET/FUND: ZZ112-085

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Application for Replacement of Lead Certification Credentials**

**DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY**

Rcvd Date: \_\_\_\_\_ Init. \_\_\_\_\_

Post Mark Date: \_\_\_\_\_

Rvw Date: \_\_\_\_\_ Init. \_\_\_\_\_

Aprv Date: \_\_\_\_\_ Init. \_\_\_\_\_

Issue Date: \_\_\_\_\_ Init. \_\_\_\_\_

Amt Rcvd: \$ \_\_\_\_\_ FY: \_\_\_\_\_ Pymt. Type: \_\_\_\_\_

Last Doc. Rcvd. Date: \_\_\_\_\_

Print Date: \_\_\_\_\_ Init. \_\_\_\_\_

Mail Date: \_\_\_\_\_ Init. \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING** (please print legibly):

**Enter your current certification number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Applicant Name (First, Middle Initial, Last) \_\_\_\_\_ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Applicant E-mail Address \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Applicant's Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TYPE OF REPLACEMENT CREDENTIAL(S) REQUESTED** (Please check the appropriate box for the type of credential(s) desired):

**Certification Certificate**

- Lead Inspector
- Lead Risk Assessor
- Lead Abatement Supervisor
- Lead Abatement Project Designer
- Lead Abatement Worker
- Lead Firm\*

**Certification Identification Card**

- Lead Inspector
- Lead Risk Assessor
- Lead Abatement Supervisor
- Lead Abatement Project Designer
- Lead Abatement Worker

## STATEMENT OF REASON FOR REPLACEMENT

Please state below, the reason that you are seeking a replacement credential. If requesting a new certification certificate and identification (ID) card due to a name change by the individual, the original certificate and ID card that was issued must accompany this application along with legal documentation to support this change. If requesting a new certification certificate due to a name change of the Lead Firm, the original certificate that was issued must accompany this application along with legal documentation to support that change.

\* **Special Note:** If the name change of the Lead Firm is due to new ownership, the former principal(s) of the firm must close out their firm certification in writing, return to the department the issued certification certificate that indicates the old firm name, and the new principal(s) of the firm must apply for a new Lead Firm certification and pay the appropriate fee for a new certification.

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**CERTIFICATION:** I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a certification. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### 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: Governor 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. Dirijase 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.)

## IMPORTANT INFORMATION

- Effective January 1, 2005, the term of all certifications is two years for initial and renewal applicants. The issuance of a replacement certification certificate or certification identification card retains the original certification period as issued.
- Applications for credential replacement will not be approved until the application has been reviewed and information verified.

**The appropriate credential replacement fee described below is required to be paid for each credential requested in accordance with §295.205(j) of the Texas Environmental Lead Reduction Rules:**

### Credential Replacement Fee :

- Certification Certificate: \$20
- Certification Identification Card: \$20
- Certification Certificate **AND** Certification Identification Card: \$40