



# LEAD OCCUPATION CERTIFICATE RENEWAL APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-865-3233 www.kshealthyhomes.org

## GENERAL INFORMATION

An individual shall submit a completed application for renewal of certificate, including the required supporting documentation, to KDHE at least 60 days before the certificate's expiration date as indicated on the certificate. Failure of the certified individual to submit an application at least 60 days before the certificate's expiration date may result in the certificate not being renewed before the current license expires.

A **complete application** includes:

1. A completed *Lead Occupation Certificate Renewal Application* form
2. A copy of the KDHE/EPA-accredited refresher training program completion certificate for the appropriate occupation
3. A check or money order made payable to the KDHE/LEAD for the appropriate nonrefundable recertification fee as specified in K.A.R. 28-72-3.

### INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF CERTIFICATION

- Please type or print legibly.
- Mail completed application to:  
Kansas Department of Health & Environment,  
Attn: Lead Poisoning Prevention Program, Curtis Building,  
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY	
Date	_____
TP Certificate	_____
Payment: _____	Check#: _____
Approved: _____	Denied: _____

## PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT	MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET)			APARTMENT
CITY	STATE	ZIP	COUNTY
TELEPHONE NUMBER (____) _____ - _____	SOCIAL SECURITY NUMBER ____-____-____		EMAIL ADDRESS
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (____) _____ - _____
EMPLOYER ADDRESS (STREET)			
CITY	STATE	ZIP	COUNTY

Please mail all correspondence regarding this application to my: (check one)  Home Address  Present Employer  Training Provider

Check the appropriate box:	FOR OFFICE USE ONLY																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>RENEWAL FOR:</b></td> <td style="width:30%; text-align: center;"><b>FEE</b></td> <td style="width:40%;"></td> </tr> <tr> <td><input type="checkbox"/> LEAD INSPECTOR</td> <td style="text-align: center;">\$100</td> <td></td> </tr> <tr> <td><input type="checkbox"/> RISK ASSESSOR</td> <td style="text-align: center;">\$150</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LEAD ABATEMENT SUPERVISOR</td> <td style="text-align: center;">\$75</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LEAD ABATEMENT WORKER</td> <td style="text-align: center;">\$25</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PROJECT DESIGNER</td> <td style="text-align: center;">\$75</td> <td></td> </tr> </table>	<b>RENEWAL FOR:</b>	<b>FEE</b>		<input type="checkbox"/> LEAD INSPECTOR	\$100		<input type="checkbox"/> RISK ASSESSOR	\$150		<input type="checkbox"/> LEAD ABATEMENT SUPERVISOR	\$75		<input type="checkbox"/> LEAD ABATEMENT WORKER	\$25		<input type="checkbox"/> PROJECT DESIGNER	\$75			
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**PART B. REFRESHER TRAINING (Submit copy of training course certificate.)**

**TRAINING COMPLETED** (Check appropriate boxes for this certification)

Kansas Department of Health and Environment (KDHE) --- Accredited Training Provider

Reciprocal State --- Accredited Training Provider

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NAME OF TRAINING PROVIDER

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ADDRESS OF TRAINING PROVIDER	CERTIFICATE NUMBER
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**PART C. WAIVER**

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify KDHE in writing of such change.

NAME	TITLE OR RELATIONSHIP TO APPLICANT
ADDRESS	
TELEPHONE NUMBER	
(_____) _____ - _____	

**PART D. CERTIFICATION**

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations.

TELEPHONE NUMBER	TELEPHONE NUMBER
SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)	(_____) _____ - _____
	DATE