



LEAD-BASED PAINT CERTIFICATION APPLICATION

Air Quality Division

- | | | |
|---|---|--|
| <input type="checkbox"/> Initial Inspector (100188) | <input type="checkbox"/> Renewal Inspector (100197) | <input type="checkbox"/> Reinstated Inspector (100188) |
| <input type="checkbox"/> Initial Inspector/Risk Assessor (100189) | <input type="checkbox"/> Renewal Inspector/Risk Assessor (100198) | <input type="checkbox"/> Reinstated Inspector/Risk Assessor (100189) |
| <input type="checkbox"/> Initial Supervisor (100192) | <input type="checkbox"/> Renewal Supervisor (100199) | <input type="checkbox"/> Reinstated Supervisor (100192) |
| <input type="checkbox"/> Initial Project Designer (100194) | <input type="checkbox"/> Renewal Project Designer (100200) | <input type="checkbox"/> Reinstated Project Designer (100194) |
| <input type="checkbox"/> Initial Abatement Worker (100196) | <input type="checkbox"/> Renewal Abatement Worker (100201) | <input type="checkbox"/> Reinstated Abatement Worker (100196) |

First time applicants check only one initial discipline per application. Affidavits of citizenship are only submitted once. If testing is required, you will be contacted to schedule the exam once the application is complete. Renewal applicants may submit all individual certifications on one application, including fees. Exempt entities do not pay exam fees.

For Reinstatement Only: Two conditions must be met:

Condition 1) Submission of all quarterly reports must be completed in full by March 31st. If any are outstanding, complete these as required using form 110-502 LBP Quarterly Report (Inspector/Risk Assessor) or form 110-503 LBP Quarterly Report (Supervisor/Project Designer). **Condition 2)** A 'Request for Reinstatement' letter must accompany your application as an attachment within this submission. **Attach your Request for Reinstatement Letter.**

1) When do you want your certification to be activated? (Initial Applicants Only)

Immediately (Present date through following March 31) Next Full Year (April 1 through March 31)

2) Name _____ Social Security # _____
Last First Middle

Title _____ Permanent Address _____

City _____ State _____ Zip _____

Phone # (____) _____ E-mail _____

3) Firm Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # (____) _____ E-mail _____

Firm Certification Number _____

4) Would you like your contact details to be publicly posted for available hire? Publicly posted information includes Individual Certification Number, Discipline, Individual Name, Firm Name, Firm Address, Firm Phone, and Firm E-mail. Applicants claiming fee exemption will not be posted.

- Yes No

5) Affidavit Regarding Citizenship

A signed and notarized Affidavit Regarding Citizenship (002-028) and appropriate supporting documentation is required for all initial applications. For renewal/reinstatement applicants that identify themselves as a "qualified alien lawfully present," a signed and notarized Affidavit Regarding Citizenship and appropriate supporting documentation must again be submitted. Attach your Affidavit Regarding Citizenship and appropriate supporting documents here.

6) General Affidavit

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

AFFIDAVIT

I, _____, of lawful age, being first duly sworn, upon oath depose and state as follows:

1. That I am an applicant for inspector, risk assessor, supervisor, project designer, or abatement worker certification pursuant to OAC 252:110;
2. That any and all employees and/or subcontractors performing LBP services for the applicant will be certified by the DEQ prior to such performance;
3. That the applicant and employees or subcontractors thereof will perform LBP services and maintain records thereof in accordance with all applicable local, state, and federal standards;
4. That the applicant will only perform LBP services for DEQ certified firms;
5. That the applicant will or will not obtain and maintain the required level of insurance and bonding required by the terms of each LBP agreement and/or contract for each specific project.
6. If applying for reinstatement, the applicant swears under a penalty of perjury, that lead-based paint services have not been performed during the time applicant was not certified with the Department of Environmental Quality.

FURTHER AFFIANT SAITH NOT.

APPLICANT/AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

(seal)

7) Fee Exemption

Applicants claiming exemption, as mandated by 27A O.S. §2-12-201(D)(3), must enclose a completed LBP government affidavit form (DEQ Form #110-304) with this application.

I claim an exemption to the fees associated with this application.

8) Professional Certification (Initial Applicants Only)

Are you a certified Industrial Hygienist, Professional Engineer, Registered Architect, and/or certified in a related Engineering/Health/Environmental Field (e.g., safety professional, environmental scientist)?

Yes No

9) Proof of Education (Initial Applicants Only)

Attach a copy of the highest level of education received that is relevant to your application.

10) Experience (Initial Applicants Only)

List your applicable experience (252:110-5-1(3)). List your present job first. Additional sheets may be attached if needed.

Job Title _____ From Date _____ To Date _____

Employer Name _____ Phone Number _____ Ext _____

Mailing Address

Address _____ City _____ State _____

Postal Code _____

Supervisor

First Name _____ Middle Name _____ Last Name _____

Title _____

Describe your duties: _____

11) Resume/reference(s)/experience (Initial Applicants Only)

Attach resume/reference(s)/experience documentation as needed. This may be in the form of a resume or CV as a single document, if preferred.

12) Do you wish to use certification from another state or agency for application?

If yes, an equivalency review fee of \$500.00 per certification shall be assessed in addition to certification fees.

Submit 1) a copy of state certification requirements where training was taken, 2) name, address, and telephone number of an individual responsible for the certification program where training was taken, and 3) additional services required by the certifying agency. Approval for equivalency is not guaranteed. This fee is nonrefundable regardless of the outcome of the equivalency review.

Yes No

13) Training Credit

ATTENTION - Ensure that the provided training certificate matches both the discipline (Supervisor, Inspector, Risk Assessor, Abatement Worker, or Project Designer) being applied for and the required class type (initial class certificate for initial certifications, or a refresher class certificate for renewal and reinstatement applications). Incorrectly submitted applications will be denied and any fees received may not be reimbursed. A new application and submittal with correct fees will be required.

Attach a copy of the training class completion certificate for the discipline(s) for which you are applying. If you do not have this, contact the training provider.

14) PLEASE CHECK (✓) ALL APPROPRIATE FEES FOR APPLICATION:

Certification fees must be paid before application can be processed by DEQ. Attach (do not staple) a check or money order to this application made payable to:

Oklahoma Department of Environmental Quality

If paying via credit card, please call DEQ Credit Card Payments, (405) 702-1130.

Fee Schedule						
Type of Discipline (Select one discipline)	Initial and Reinstatement			Renewal Only		Extended Total
	Discipline Fee (Must select Exam Fee)	Exam Fee		Discipline Fee		
Inspector	\$200.00	\$50.00		\$100.00		
Inspector/ Risk Assessor	\$300.00	\$50.00		\$150.00		
Supervisor	\$150.00	\$50.00		\$75.00		
Project Designer	\$500.00	N/A		\$250.00		
Abatement Worker	\$30.00	N/A		\$15.00		
*Equivalency Review (Select if you marked 'yes' to question no. 8)					\$500.00	
<input type="checkbox"/> Check here to claim exemption from certification and exam fees					TOTAL	

Note: Applicants claiming exemption must enclose a completed government affidavit form (DEQ Form #110-304) with this application.

DEQ OFFICE USE ONLY									
Date AQD Received _____		By _____		(AR) Amount Received _____		By _____		Date _____	
Certification # _____		(HR) Affidavit of Citizenship		<input type="checkbox"/> Denied		By _____		Date _____	
<input type="checkbox"/> Abatement Worker	\$30 (100196)	<input type="checkbox"/> Renewal Abatement Worker	\$15 (100201)	<input type="checkbox"/> Reinstated Abatement Worker	\$30 (100196)				
<input type="checkbox"/> Project Designer	\$500 (100194)	<input type="checkbox"/> Renewal Project Designer	\$250 (100200)	<input type="checkbox"/> Reinstated Project Designer	\$500 (100194)				
<input type="checkbox"/> Inspector	\$200 (100188)	<input type="checkbox"/> Renewal Inspector	\$100 (100197)	<input type="checkbox"/> Reinstated Inspector	\$200 (100188)				
<input type="checkbox"/> Risk Assessor	\$300 (100189)	<input type="checkbox"/> Renewal Risk Assessor	\$150 (100198)	<input type="checkbox"/> Reinstated Risk Assessor	\$300 (100189)				
<input type="checkbox"/> Supervisor	\$150 (100192)	<input type="checkbox"/> Renewal Supervisor	\$75 (100199)	<input type="checkbox"/> Reinstated Supervisor	\$150 (100192)				
<input type="checkbox"/> Equivalency Review	\$500 (100718)			<input type="checkbox"/> Exam Fee	\$50 (100190)				
<input type="checkbox"/> No Fees Received	\$0			<input type="checkbox"/> Exam Fee	\$50 (100191)				

To avoid certification application delays due to insufficient information, please complete the following checklist:

Did you...

- Include a notarized affidavit of citizenship (if an initial applicant)?
- Sign and date the application and sign and notarize affidavit(s)?
- Indicate name, permanent mailing address, email address and telephone number?
- Indicate the name, mailing address and the telephone numbers of your company?
- Include a copy of training certificate(s) received from accredited training provider?
- Include documentation of education (if applicable)?
- Include dates of experience such as a resume or letter of reference (if applicable)?
- Include all relevant application fees?
- Include contact information for out of state training provider (if applying for equivalency review)?
- Include a signed government affidavit form #110-304 (if applying for exemption from certification fees)?

Please note: At the time of submission, this form will become part of the public record, accessible per the Freedom of Information Act.

Certify & Submit

I hereby certify under penalty of law that this application and any attachments contain neither willful nor negligent misrepresentation nor falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or revocation of any certificate issued as a result of this application. I certify that as a Certified Lead-Based Paint Contractor, I will comply with all requirements established in OAC 252:110.

SIGNATURE OF APPLICANT _____ **DATE** _____

PLEASE RETURN APPLICATION TO: **Department of Environmental Quality**
Administrative Services Division
P.O. Box 2036
Oklahoma City, OK 73101
(405) 702-4100

Background Checks: Criminal history is not considered when reviewing applications.