DEPARTMENT OF ENVIRONMENTAL QUALITY O K L A H O M A DEPARTMENT OF ENVIRONMENTAL QUALITY DEPARTMENT OF ENVIRONMENTAL QUALITY DEPARTMENT OF ENVIRONMENTAL QUALITY RETEST APPLICATION								
	To obtain certification f please see	rom the Oklahoma D OAC 252:110-5-1 for						
1)	Type of application? (Pick only one)							
	Inspector (100182) Inspector	/ Risk Assessor (100	0183) 🗌 Su	pervisor (100184)				
	Candidates will be contacted t Missed exams will score a zero							
2)	Location, Time and Date of re-exam:	(Location)	(Time)	(Date)				
3)	Name	First	Soc Middle	ial Security #	II			
	Company Name			Company	Address			
	City	Si	ate	Zip	County			
	Phone # () F	ax # ()	E-ma	iil				
4)	Permanent				Address			
	City	S ^r	ate	Zip	County			
	Permanent Phone # ()							

5) PLEASE CHECK ($\sqrt{}$) ALL APPROPRIATE FEES FOR APPLICATION:

Fee Schedule						
Type of Discipline (Select disciplines for retesting)		Exam Fee (Must select Exam Fee)	Total	Total Received by DEQ (For DEQ Use Only)		
Inspector (100182)		\$50.00				
Inspector/ Risk Assessor (100183)		\$50.00				
Supervisor (100184)		\$50.00				
Total						

Attach a check or money order to this application made payable to: Department of Environmental Quality.

Retain a copy of this application to serve as your receipt/invoice. Please allow six (6) business days from receipt for processing.

To avoid having the certification application process delayed due to insufficient information, please complete the following checklist:

D	id You
252:110-7-2(b)	1. indicate whether the application was an initial or renewal application?
252:110-11-4(b)	2. indicate the date, time and place of the certification exam requested?
252:110-7-6(a)	3. indicate your permanent name, mailing address, and telephone number?
252:110-7-4(a)	4. include all relevant examination fees?
252:110-7-4(c)	sign and date the application?

STATEMENT OF UNDERSTANDING:

I hereby certify under penalty of law that this application and any attachments contain neither willful nor negligent misrepresentation or 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 in 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
Financial & Human Resources Management
P.O. Box 2036
Oklahoma City, OK 73101 (405) 702-4100