To obtain certification from the Oklahoma Department of Environmental Quality, please see OAC 252:110-5-1 for additional information.

1) Type of application? (Pick only one)
   - Inspector (100182)
   - Inspector/ Risk Assessor (100183)
   - Supervisor (100184)

Candidates will be contacted to schedule exams once DEQ receives a completed application. Missed exams will score a zero (0) and also count as one of the three testing attempts allowed.

2) Location, Time and Date of re-exam: _____________________________  _____________________________  _____________________________
   (Location)  (Time)  (Date)

3) Name __________________________________________________________
   Last                      First                      Middle

   Social Security # _______/_____/_______

   Company Name ____________________________________________

   Company Address __________________________________________

   City ____________________________  State ___________  Zip__________________  County ______________

   Phone # (        ) ________________  Fax # (        ) ________________  E-mail __________________________

4) Permanent Address

   City ____________________________  State ___________  Zip__________________  County ______________

   Permanent Phone # (        ) ________________

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

<table>
<thead>
<tr>
<th>Type of Discipline (Select disciplines for retesting)</th>
<th>Exam Fee (Must select Exam Fee)</th>
<th>Total</th>
<th>Total Received by DEQ (For DEQ Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector (100182)</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspector/ Risk Assessor (100183)</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor (100184)</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Did You...

1. indicate whether the application was an initial or renewal application? 
   252:110-7-2(b) [ ]

2. indicate the date, time and place of the certification exam requested? 
   252:110-11-4(b) [ ]

3. indicate your permanent name, mailing address, and telephone number? 
   252:110-7-6(a) [ ]

4. include all relevant examination fees? 
   252:110-7-4(a) [ ]

5. sign and date the application? 
   252:110-7-4(c) [ ]

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