**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**AIR QUALITY DIVISION**

**LEAD–BASED PAINT CERTIFICATION**

**RETEST APPLICATION**

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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

 **Last First Middle**

 **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:**

**Note:** Examdate selected must be scheduled at least two weeks in advance. Also, applicable fees must be paid prior to application processing by DEQ.

|  |  |
| --- | --- |
|  | **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:** |  |  |  |  |
|  |  |  |  |  |  |
|  Reference: | **Did You...** |  |  |  |  |
|  |  DidReference |  |  |  |  |
|  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) |  |  |  |  5. | 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**