STATE OF WISCONSIN

Bureau of Environmental and Occupational Health Wis. Admin. Code ch. DHS 163 608-261-6876

LEAD-SAFE RENOVATOR APPLICATION

Your Social Security number (SSN) is required to determine delinquency in payment of child support or state taxes, but will not be made available to the public. If you are found delinquent, your certification will be denied under Wis. Stat. §§ 250.041 or 254.115.

For fastest service, and to pay with a VISA, MasterCard, or electronic check, apply online at http://dhs.wi.gov/WALDO. APPLICANT INFORMATION Name - First Middle Last Suffix (Jr, Sr, III) Social Security Number (required) Date of Birth (mm/dd/yyyy) DHS number (if known) City Mailing Address State Zip Code Phone Number Fmail TRAINING List most recent training class completed. If training was taken outside Wisconsin, also complete page 2. Training Provider State Class Date City **COMPANY INFORMATION** Individuals must be associated with a certified lead company to conduct regulated activities. \square My lead company application is enclosed. \square I currently work for the company I have listed below. Company Name DHS Company Number (if known) Mailing Address City State Zip Code **ENFORCEMENT ACTIONS** Within the past five years, was action taken against you for a civil or criminal violation of any federal, state, or local lead-based paint or other environmental statute or regulation? 🔲 No 🔝 Yes: Attach documentation of what action was taken, why, and by whom. FEES Make check or money order payable to DHS. To pay with a VISA or MasterCard, apply online at http://dhs.wi.gov/WALDO. You can get certified for up to four (4) years after the date you completed your training with Already certified and just just one application form. Your certification will expire 2 or 4 years after your most recent need to replace a lost or class date. damaged card? Was your most recent training class less than one (1) year ago? ☐ Replacement certification card: \$25 Yes. Choose from below. No. You can apply for two years. Replacement cleaning Four (4) years (recommended): \$150 ☐ Two (2) years: \$75 verification card: FREE ☐ Two (2) years: \$75 State or local government employees may attach a fee exemption request on agency letterhead. SIGNATURE Read and sign before submitting. I affirm that the information submitted on this application is correct. I understand that any false information provided may be grounds for denying or revoking my certification. I understand that I must comply with Wisconsin lead regulations. **SIGNATURE** - Applicant **Date Signed** Mail this form, fees, and any required attachments to: State of Wisconsin Box 93419

Milwaukee, WI 53293-3328

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ADDITIONAL REQUIREMENTS if training was completed outside Wisconsin If renewing certification and you completed your most recent training outside Wisconsin, please call 608-261-6876 before submitting your application. First-time applicants who completed training outside Wisconsin must: Pay the out-of-state training processing fee (\$25). Provide a recent photo for certification card which meets the following requirements: JPEG file format with a minimum resolution of 600 x 600 pixels (medium to high quality) In focus, color photo of head and shoulders against a plain light background (passport style) No sunglasses, hat, or head covering Email photo to DHSAsbestosLead@wi.gov with subject line "Photo of [First Name] [Last Name]" Provide a government-issued photo ID. Initial applicants must provide a clear, color copy of ID, such as a driver's license.

Provide COPIES of training diplomas. Provide training diplomas for every initial and refresher renovator class taken in another state. (Please DO NOT SEND ORIGINAL diplomas, we cannot guarantee their safe return.) The most recent copy must be

signed by a certified notary public as a true copy of the original.