

**RENEWAL APPLICATION
 INDIVIDUAL LEAD DISCIPLINES**

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.

APPLICANT INFORMATION		For DHS Use Only – DHS Number	
Name – First	Middle	Last	Suffix (Jr, Sr, III)
Social Security Number (required)	Date of Birth (mm/dd/yyyy)	Height feet inches	Weight lbs.
Mailing Address	City	State	Zip Code
Phone Number	Email		

TRAINING List most recent training course. If training was taken outside Wisconsin, also complete page 2.

Training Provider	Class Date	City	State
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FEES Select your discipline and submit the corresponding fee.
 Pay by check or money order made payable to **Department of Health Services (DHS)**. To pay by credit or debit card, apply online at www.dhs.wi.gov/WALDO. Cash is not accepted. Fees are nonrefundable. Additional fee for checks not honored by the bank.

Disciplines	One-Year	Two-Year (requires training completed within previous 12 months)	Additional Fees
Abatement Supervisor	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225	Additional Fees <input type="checkbox"/> \$25 Out-of-state training processing (also complete page 2) <input type="checkbox"/> \$25 Replacement card for discipline: _____ <input type="checkbox"/> Replacement cleaning verification card <input type="checkbox"/> State or local government employee must attach fee exemption request signed by supervisor on agency letterhead.
Inspector	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275	
Hazard Investigator	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275	
Risk Assessor	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	
Project Designer	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	
Abatement Worker		<input type="checkbox"/> \$75	
Sampling Technician		<input type="checkbox"/> \$50	

COMPANY INFORMATION

My lead company application is enclosed.
 I will work for a certified lead company before I do any regulated work.
 I currently work for the certified lead company 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? Yes No

If Yes, attach documentation explaining what action was taken, why, and by whom.

SIGNATURE

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: Department of Health Services Lead and Asbestos Section 1 W Wilson St, Rm 137 Madison WI 53703-3445 If you have questions, call 608-261-6876	For DHS Use Only <input type="checkbox"/> DCF Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check No. _____ <input type="checkbox"/> Money Order No. _____ Amount Paid \$ _____ Deposit Date _____
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OUT-OF-STATE TRAINING—ADDITIONAL REQUIREMENTS

The following are required when training was completed in another state. If you have questions, call 608-261-6876.

- Pay the out-of-state training processing fee** (\$25) listed on page 1.
- Provide a recent photo for certification card that 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 training diplomas**—Provide refresher training diplomas for classes taken in another state and not previously submitted. DHS must have training diplomas for the complete training history. Originals or copies may be submitted. The most recent copy must be signed by a certified notary public as a true copy of the original. Any originals submitted will be returned to applicant.

SIGNATURE – Applicant

Date Signed