

**DEPARTMENT OF HEALTH SERVICES**Division of Public Health  
F-01989 (10/2023)**STATE OF WISCONSIN**Bureau of Environmental and Occupational Health  
Wis. Admin. Code ch. DHS 163  
608-261-6876**RENEWAL LEAD APPLICATION – INDIVIDUAL CERTIFICATION**

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

**APPLICANT INFORMATION**

Name – First		Middle	Last		Suffix (Jr, Sr, III)
Social Security Number (required)		Date of Birth (mm/dd/yyyy)		DHS number (if known)	
Mailing Address		City		State	Zip Code
Phone Number		Email			

**TRAINING** List most recent refresher training. **If training taken outside Wisconsin, complete Additional Requirements, Page 2.**

Training Provider	Class Date	City	State
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**COMPANY INFORMATION** Individuals must be associated with a certified lead company to conduct regulated activities.

My lead company application is enclosed.  I currently work for the certified lead company listed below.

Company Name		DHS Company Number (if known)	
Mailing Address	City	State	Zip Code

**FEES** Make check or money order payable to DHS. To pay with a VISA or MasterCard, apply online at: <http://dhs.wi.gov/WALDO>.

Certification will remain valid for 2 years. If refresher training was completed outside of Wisconsin, complete Additional Requirements, Page 2, and add **\$25** to fee. State/local government employees may attach a fee exemption request on agency letterhead.

- Select your discipline.**
- |  |   |
|--|---|
| <input type="checkbox"/> Abatement Supervisor: \$275 | <input type="checkbox"/> Project Designer: \$375                    |
| <input type="checkbox"/> Abatement Worker: \$100     | <input type="checkbox"/> Risk Assessor: \$375                       |
| <input type="checkbox"/> Hazard Investigator: \$325  | <input type="checkbox"/> Sampling Technician: \$75                  |
| <input type="checkbox"/> Inspector: \$325            | <input type="checkbox"/> Out-of-State Training Processing fee: \$25 |

**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 explaining what action was taken, why, and by whom.

**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

If you have questions, call 608-261-6876. Incomplete applications and incorrect payments will delay handling of your application.

**ADDITIONAL REQUIREMENTS** if training was completed outside Wisconsin

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 (JPG) 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](mailto:DHSAsbestosLead@wi.gov) with subject line "Photo of [First Name] [Last Name]"
- COPY of most recent refresher training diploma. **Please DO NOT SEND ORIGINAL diplomas, we cannot guarantee their safe return.** The copy must be signed by a certified notary public as a true copy of the original diploma. Alternatively, you may arrange for the training provider to submit the training certificate directly to DHS.