

## Renewal Lead Application – Individual Certification

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

Legal Name (required) – First	Middle	Last Name(s)	Suffix (Jr, Sr, III)	
Preferred Name		Preferred language for communications from DHS		
Social Security Number (required)	Date of Birth (mm/dd/yyyy)		DHS number (if known)	
Mailing Address	Apt/Unit	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	Apt/Unit	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 (per card/discipline) |

### 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

Printed name

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.

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**ADDITIONAL REQUIREMENTS** if your most recent refresher training diploma does **not** say "accredited by the State of Wisconsin"

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Submit the following. If you have questions, call 608-261-6876.

- ☐ Add \$25 to your base certification fee. This covers the costs of data entry and verification of training.  
\*This doesn't apply to training you've already submitted to DHS.
- ☐ Mail a copy of your training diploma with this application. The copy must be signed by a certified notary public as a true copy of the original diploma. Or, ask your training provider to email it directly to [DHSAsbestosLead@wi.gov](mailto:DHSAsbestosLead@wi.gov).  
**\*Do not send original diplomas. We cannot return them.**
- ☐ Email a recent photo for certification card that meets the following requirements. (You may also request that your training provider email one directly to us.):
  - 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 that hides or shades your face
  - Email photo to [DHSAsbestosLead@wi.gov](mailto:DHSAsbestosLead@wi.gov) with subject line "Photo of [First Name] [Last Name]"