## Initial 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 nam	e(s)		Suffix (Ji	r, Sr, III)		
Preferred name		Preferred language	for communicatic	ons from DHS				
Social Security number (required)	Date of birth (mm/	dd/yyyy)	DHS number (	if known)				
Mailing address	Apt/unit	City		State	ZIP code	2		
Phone number	I	Email						
Training List most recent training course. If trai	ning was taken out	side Wisconsin, cor	nplete Addition	al Requireme	ents, Page	e 3.		
Training provider	-	Class date	City	•		State		
Abatement Supervisor, Hazard Investigator, Risk Assessor, and Project Designer Applicants Complete Qualifications on Page 2.								
Company information Individuals must be	associated with a cer	tified lead company to	o conduct regulate	ed activities.				
My lead company application is enclosed.								
Company name			DH	S company nu	umber (if k	nown)		
Mailing address	Apt/unit	City	·	State	ZIP code	2		
	npletion of training. Fee includes \$75 exact th form <u>F-02992</u> to the \$75 exam fee. add \$25 (per	am If you're alread If you're alread If Replacemen	ce a lost or dan y certified but ne at fee: \$25 (per d ification (disciplin ner: \$375	naged card? ed to replace card)	your card,			
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Certification exam Only for abatement supervisor, hazard investigator, inspector, and risk assessor applicants.						
Select exam location.	Remote (Zoom)	Need a non-English exam?	Yes. Language:			
Eau Claire	Madison	Need testing accommodations?  Yes. Describe (for example large-print exam, audio				
Green Bay	Milwaukee	exam):				
You must take and pass t	You must take and pass the exam within 6 months of your training class • We cannot schedule your exam until we receive your application					
Enforcement actions						
Enforcement actions						
Within the past five (5) 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 signature	gn before submitting	g.		Mail this form, fees, and any		
I affirm that the information submitted on this application is correct. I understand that any false				required attachments to:		
		ing or revoking my certification	•	State of Wisconsin		
comply with Wisconsin lead		5 5 /		Box 93419		
				Milwaukee, WI 53293-3328		
	,					
Signature – Applicant	(p	orint name) Date si	gned			
				I		
Qualifications Applican	nts applying for thes	e disciplines must meet one (1	) of the listed options for educa	tion and experience.		
Lindou vour dissipling, shoe	le ana have for the e	undifications you must and mu	uido dotoilo undor Education or	d Eventiones DUC may request		
documentation of your qua		qualifications you meet and pro	wide details under Education ar	nd Experience. DHS may request		
Abatement Supervisor	initeduoris.					
	ence as a certified le	ad abatement worker; or lead	safe renovator			
			al remediation or the construction	on trades; (paid or unpaid) or		
Hazard Investigator or Risk Assessor						
		ee (3) years or more experience				
-		pre experience in a related field	-			
	5 ())	ar or more experience in a rela		, health, or environmental field;		
	striai nygienist, proi	essional engineer, registered a	renited, or related engineering,	, nearth, or environmental field;		
	uistered sanitarian e	mployed by a state or local hea	alth department			
Project Designer						
Bachelors degree or higher in engineering, architecture, or a related profession and one (1) year or more experience in building						
construction and design or a related construction field; or						
Four (4) years of experience in building construction and design or a related construction field						
Education and experi						
Check your highest level of		vide your school information.	School name			
Did not graduate high s	school 🗌 Asso	ciate's degree or equivalent				
High school diploma or	Bacl	helor's degree or higher	Graduation date (mm/yy)			
equivalent						
Check the certifications you hold.						
Lead abatement worke	r 🗌 Regi	stered architect		Registered nurse		
Industrial hygienist				-		
Professional engineer				-		
	Desc					

Describe your relevant experience (paid or unpaid). Attach additional sheets if necessary.				
Employer/organization name		Relevant duties		
Start date (mm/yy)	End date (mm/yy)			
Employer/organization name		Relevant duties		
Start date (mm/yy)	End date (mm/yy)			
Employer/organization name		Relevant duties		
Start date (mm/yy)	End date (mm/yy)			
Additional requirements				

Submit the following if your most recent refresher training diploma does **not** say "accredited by the State of Wisconsin." 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 requirement does not apply to training you've already submitted to "DHS."
- Mail a copy of your training history with this application, including every initial and refresher class taken outside of Wisconsin, going back to your most recent initial class.

## \*Do not send original diplomas. We cannot return them.

Mail a clear, color copy of your government-issued photo ID (such as driver's license) with your application.

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 with subject line "Photo of [First Name] [Last Name]"