

**DEPARTMENT OF HEALTH SERVICES**

Division of Public Health

F-02992 (03/2022)

**STATE OF WISCONSIN**

Bureau of Environmental & Occupational Health

DHS 163, Wis. Adm. Code

608-261-6876

**CERTIFICATION FEE EXEMPTION REQUEST  
FOR GOVERNMENT EMPLOYEES**

**Under DHS 163.10, Wis. Adm. Code, an applicant for lead certification may request a fee exemption if employed by a governmental agency and their job duties require certification to perform regulated work.**

Governmental Agency Name

DHS Number (if known)

**SUPERVISOR**

I affirm that the information submitted on this form is correct. I affirm that the applicant listed below is an employee of the above governmental agency and requires certification for their job duties. I affirm knowledge of the requirements for conducting activities regulated under Wis. Admin. Code ch. DHS 163 and attest that this company, its employees, and subcontractors will comply with them.

Name of Supervisor	<b>SIGNATURE –</b>	Date Signed
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**EMPLOYEE**

I affirm that the information submitted on this form is correct. I understand that false information provided may be grounds for denying or revoking certification. I affirm knowledge of the requirements for conducting activities regulated under Wis. Admin. Code ch. DHS 163 and to comply with them. I agree to be appropriately certified before performing regulated activities and to maintain records as required under this chapter.

Name of Employee	<b>SIGNATURE –</b>	Date Signed
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