Department of Health ServicesDivision of Public Health

Division of Public Health F-02996 (03/2025)

State of Wisconsin

Bureau of Environmental and Occupational Health Wis. Admin. Code ch. DHS 163 608-261-6876

Application for Initial Lead Abatement Supervisor Certification

Use this form if you were trained in Wisconsin. 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.

1. APPLICANT INFORMATION											
Legal Name (required) - F	irst	Middle				Last Name (s)				Suffix (Jr, Sr, III)	
Preferred Name					Preferred Language for communications from DHS						
Social Security Number (re	equired)	Date of Birth (mm/dd/yyyy)				DHS n			HS number	number (if known)	
Mailing Address			Apt/Unit			City			State	ZIP Code	
Phone Number			Email								
2. QUALIFICATIONS—You must meet option A or B. Check the option that applies to you.											
☐ A. One (1) year certified as a lead abatement worker or lead-safe renovator.											
☐ B. Two (2) years of experience in a related field (can be unpaid). Describe below, attaching additional pages if needed.											
Employer/Organization								From (mm/yy)		To (mm/yy)	
Related Experience (for example, remodeling, home inspection, property management)											
3. TRAINING Provide info on your initial training.											
Training Provider			Class End Date			City					
4. CERTIFICATION EXAM —Select your exam location. We will schedule your exam no earlier than 2 weeks after you apply. You must pass the test within 6 months of class and can try up to 3 times.											
We cannot schedule your exam until we receive your application											
Remote (Zoom)	☐ Eau Claire	☐ Green Bay				Madison			Milwaukee		
Exam Language (Non-English)					Exam	m Accommodations (for example, large-print, audio exam)					
5. COMPANY INFORMATION —Individuals must be associated with a certified lead company listed below.											
Company Name					i a certi	DHS Company Number					

6. ENFORCEMENT ACTION —If yes, attach documents explaining	ng what action was taken, why, and by whom.						
Within the past five (5) years, was action taken against you for a compaint or other environmental statute or regulation? \square No \square Years							
7. \$350 FEE—Make check or money order payable to DHS or apply online with a VISA or Mastercard at http://dhs.wi.gov/WALDO .							
The \$350 fee includes a \$275 certification fee and a \$75 exattach F-02992 to request a certification fee exemption, but the \$7							
8. SIGNATURE							
I affirm that the information submitted on this application is correct grounds for denying or revoking my certification. I understand that							
SIGNATURE—Applicant (Pri	nted Name) Date Signed						
Apply right away so you can:	Mail your application and payment to:						
 Supervise lead abatement activities. Use your training diploma as temporary proof of certification. Take the state exam. You must pass the test within 6 months of class and can try up to 3 times. There are 	State of Wisconsin Box 93419 Milwaukee, WI 53293-3328						
no extensions, so don't delay!	Questions? Call 608-261-6876.						