

### LEAD-SAFE RENOVATOR APPLICATION

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		For DHS Use Only – DHS Number	
Name – First	Middle	Last	Suffix (Jr, Sr, III)
Social Security Number (required)	Date of Birth (mm/dd/yyyy)	Height feet inches	Weight lbs.
Mailing Address	City	State	Zip Code
Phone Number	Email		
<b>Applying for</b>	<input type="checkbox"/> Initial certification card <input type="checkbox"/> Renewal certification card	<input type="checkbox"/> Replace lost or damaged certification card <input type="checkbox"/> Replace lost or damaged cleaning verification card	

TRAINING List most recent training course completed. If training was taken outside Wisconsin, also complete page 2.			
Training Provider	Class Date	City	State

COMPANY INFORMATION			
<input type="checkbox"/> My lead company application is enclosed. <input type="checkbox"/> I will work for a certified lead company before I do any regulated work. <input type="checkbox"/> I currently work for the company I have listed below.			
Company Name	DHS Company Number (if known)		
Mailing Address	City	State	Zip Code

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, attach documentation explaining what action was taken, why, and by whom.

SIGNATURE
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
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FEES
Pay by check or money order payable to <b>Department of Health Services (DHS)</b> . To pay by credit or debit card, apply online at <a href="http://www.dhs.wi.gov/WALDO">www.dhs.wi.gov/WALDO</a> . Cash is not accepted. All fees are nonrefundable. An additional fee will be charged for checks not honored by the bank.
<input type="checkbox"/> \$50 Certification card <input type="checkbox"/> \$25 Out-of-state training processing <input type="checkbox"/> \$25 Replacement certification card
<input type="checkbox"/> State or local government employee must attach fee exemption request on agency letterhead.

<b>Mail this form, fees, and any required attachments to:</b> Department of Health Services Lead and Asbestos Section 1 W Wilson St, Rm 137 Madison WI 53703-3445 If you have questions, call 608-261-6876	<b>For DHS Use Only</b> <input type="checkbox"/> DCF Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check No. _____ <input type="checkbox"/> Money Order No. _____ Amount Paid \$ _____ Deposit Date _____
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**OUT-OF-STATE TRAINING—ADDITIONAL REQUIREMENTS**

If **renewing certification** and you completed your most recent training outside Wisconsin, please call **608-261-6876** before submitting your application.

**First-time applicants** who completed training outside Wisconsin must:

- Pay the out-of-state training processing fee** (\$25) listed on page 1.
- Provide a recent photo for certification card which meets the following requirements:**
  - JPEG 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]"
- Provide a government-issued photo ID.** Initial applicants must provide a clear, color copy of ID, such as a driver's license.
- Provide training diplomas.** Provide training diplomas for every initial and refresher renovator class taken in another state. Originals or copies may be submitted. The most recent copy must be signed by a certified notary public as a true copy of the original. Any originals submitted will be returned to applicant.

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**SIGNATURE** – Applicant

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Date Signed