

## 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. For fastest service, and to pay by credit card, apply at <http://dhs.wi.gov/WALDO>. If you have questions, call 608-261-6876.

### 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 training class completed. If you took training outside of Wisconsin, also complete page 2.

Training provider	Class date	City	State	ZIP code
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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 company I have listed below.

Company name	DHS company number (if known)			
Mailing address	Apt/unit	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? ☐ No ☐ Yes: Attach documentation of what action was taken, why, and by whom.

### Fees

 Make check or money order payable to DHS. To pay by credit card, apply at <http://dhs.wi.gov/WALDO>.

**You can get certified for up to 4 years after the date you completed your training with just one application form. Your certification will expire 2 or 4 years after your most recent class date. If you took training outside of Wisconsin, see page 2.**

#### Was your most recent WI training class less than 1 year ago?

**Yes.** Choose from below:

- ☐ 4 years: \$150\*  
☐ 2 years: \$75

\*Recommended

**No.** Answer the following question:

#### Did your existing WI card expire less than 1 year ago?

**Yes.** You're eligible.

☐ 2 years: \$75

**No.** Take a refresher class before you apply.

**Already certified and just need to replace a lost or damaged card?**

- ☐ Replacement certification card: \$25 (per card/discipline)  
☐ Replacement cleaning verification card: Free

State/local government employees must attach a [Certification Fee Exemption Request, F-02992 \(PDF\)](#) for first-time certification.

### 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

Date signed

**Mail this form, fees, and any required attachments to:** State of Wisconsin  
Box 93419  
Milwaukee, WI 53293-3328

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**Additional requirements**

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Submit the following if your most recent training diploma does **not** say "accredited by the State of Wisconsin." If you have questions, call 608-261-6876.

- ☐ Add \$25 to your \$150 base certification fee, for a total of \$175. This covers the costs of data entry and verification of training. Make your check or money order payable to "DHS."  
\*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 Renovator 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 non-expired 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](mailto:DHSAsbestosLead@wi.gov) with subject line "Photo of [First Name] [Last Name]"