DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-44063 (Rev. 07/2021)

STATE OF WISCONSIN

Bureau of Environmental and Occupational Health DHS 163, Wis. Adm. Code (608) 261-6876

LEAD (Pb) PRINCIPAL INSTRUCTOR APPLICATION

Under sections 250.041 and 254.115, Wis. Stats., an individual must provide his or her Social Security Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent in payment of taxes or child support and will not be available to the public. Personally identifiable information necessary for processing this application and collected on this form, other than the SSN, may be shared with other government agencies for compliance review and may be available to the public under an open records request.

PRINCIPAL INSTRUCTOR IN	IFORMATION Please print neath	y.		
Name			Social Security No.	
Address			1	
City			State	Zip + 4
Telephone No. (include area code)		Fax No. (include area code)		
Cellphone No. (include area code)		Email		
APPROVED COURSES & FE	ES Check the approval or approvals	s requested and	enclose a check or m	noney order payable to DHS .
	ated. An additional fee will be charge			
Initial Approval		Renewal of Approval		
\$100 Approval to teach Lead Hazard Investigation Courses:		\$50 Lead Hazard Investigation Courses		
Lead Sampling Technician, Inspector, Hazard Investigator,		Lead Sampling Technician, Inspector, Hazard Investigator, and		
and Risk Assessor initial and refresher courses ☐ \$100 Approval to teach Lead Hazard Reduction Courses:		Risk Assessor initial and refresher courses \$\Boxed{\text{\$\text{S}}}\$ \$\$ Lead Hazard Reduction Courses		
Lead Safe Renovator, Abatement Worker, and Abatement		Lead Safe Renovator, Abatement Worker, and Abatement		
Supervisor initial and refresher courses		Supervisor initial and refresher courses		
☐ \$50 Approval to teach Lead Project Design Courses ☐ \$25 Lead Project Design Courses				
Total Enclosed \$				ed \$
REQUIRED CERTIFICATION				
☐ My certification application is	enclosed.			
My Wisconsin DHS certification no. is		and I am currently certified as a:		
Lead Risk Assessor E	ration Date: (Required to teach Lead Hazard Investigation Courses			
		ration Date: (Required to teach Lead Hazard Reduction Courses)		
☐ Lead Project Designer E	xpiration Date:		(Required to teach L	Lead Project Design Courses)
First-time applicants must attac	ch the following:			
Resume A current resume including dates and description of related experience and education.				
References Three professional references				
Teaching methods certificate – at least a 16 hour train-the-trainer course certificate or equivalent training, including course description or agenda, or a college transcript showing coursework in educational methods.				
SUBMIT APPLICATION	t showing oodisework in oddedaterial	mourous.		
	cation and all required attachments	s to:		
Department of Health Service	ces			
Lead & Asbestos Section 1 W Wilson Street, Room 137				
Madison WI 53701-3445	37			
If you have questions please call (608) 261-6876.				
DHS Use Only	WALDO DHS Approval No.:	Entered in WAI	DO:	Amount Paid:
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