



www.dshs.state.tx.us/elp
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
BUDGET/FUND: ZZ112-085

Remit #: _____

Remit Date: _____

Lead Inspector Initial/Renewal Certification Application

I am a (check one if applicable): Military Member Veteran Military Spouse

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	Amt Rcvd:\$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init. _____	Mail Date: _____ Init _____

PLEASE COMPLETE THE FOLLOWING (please print legibly):

If renewing: Enter your current certification number: _____ Expiration Date: _____

Applicant Name (First, Middle Initial, Last) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

Date of Birth (month/day/year) _____ Telephone Number (including area code) _____

Applicant's Address (include apartment #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Employer Name (if applicable) _____ Telephone Number (including area code) _____

Employer Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a certification. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

Mailing address for applications containing money:

Department of State Health Services - MC2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

- Visit our webpage to pay for your license application fees online.
- To avoid late fees a complete application and all required documentation must be postmarked prior to expiration of the license.

The appropriate fee and the following documentation are required for certification in accordance with §295.206 of the Texas Environmental Lead Reduction Rules:

Certification fees: (Two-year term)

- Initial/Renewal: \$308.00
- Expired for 90 days or less: \$458.00
- Expired for more than 90 days but less than one year: \$608.00

Requirements for an initial certification:

- A copy of applicant's training course completion certificate from a Department-accredited training provider for the initial 24-hour Lead Inspector training course
- A copy of your examination results showing proof of passing the department's Lead Inspector examination with at least a 70% passing grade within 6 months of completing the initial 24-hour Lead Inspector course

Requirements for renewing a certification:

- A copy of applicant's training certificate from a Department- accredited training provider for the 8-hour Lead Inspector refresher training course completed no sooner than 180 days prior to the expiration date of the certification

Military designation:

Branch: _____

- Provide documentation of military, veteran, or military spouse status
- Provide detailed documentation concerning military experience and training to be considered towards the issuance of the license
- Military spouses must provide proof of current licensure in another jurisdiction that has licensing requirements that are substantially equivalent to Texas

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559,003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)