



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 Reciprocal Certification Application

<b>DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY</b>	
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) \_\_\_\_\_ Applicant E-mail Address \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

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

License Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Affiliation Name (if applicable) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATION:** I certify that I have read and understand the Texas Environmental Lead Reduction Rules (§§295.201-295.220) and agree to comply with them including to follow the standards for conducting lead-based paint activities set out in §§295.212 and 295.213 (relating to Standards for Conducting Lead-Based Paint Activities and Lead-Based Paint Activities Requirements). 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

- To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.
- You may pay for your license online at <http://www.Texas.gov> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.
- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee.

## The appropriate fee is required for certification in accordance with §295.206 of the Texas Environmental Lead Reduction Rules:

### Certification Fees: (two-year term)

INITIAL

Certification Fee: \$300.00

Subscription Fee: \$8.00

Total Cost: \$308.00

### Requirements for a Reciprocal Certification:

*The following information requested below must be provided to the department for verification purposes.*

- A copy of your **Lead Inspector** certification **certificate** issued by EPA or an EPA-authorized state\* must be submitted with your application along with the information listed below in order for the department to grant reciprocal certification.

Certification No. \_\_\_\_\_ State of Certification: \_\_\_\_\_

Certification effective dates: \_\_\_\_\_

Contact information of certifying AgencyProgram:

Agency/Program Name: \_\_\_\_\_

Contact Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

\*The certification or license from another state must be from a state that has received United States Environmental Protection Agency authorization to administer and enforce a state certification and training program under Title IV of the Toxic Substance Control Act (TSCA).

PRIVACY NOTIFICATION/NOTIFICACIÓN SOBRE PRIVACIDAD
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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 [www.dshs.state.tx.us/](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 [www.dshs.state.tx.us](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.)