



# Application for Individual-Recertification Lead-Based Paint Activities

Oregon Health Authority  
Lead-Based Paint Program  
PO Box 14260  
Portland, OR 97293

<b>Authority Use Only</b>  Cert. # _____
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### Type of Recertification

- Risk Assessor                       Supervisor                       Project Designer  
 Inspector                               Worker

### Non-Refundable Fees                      (Three-year recertification)

Worker = \$150, other disciplines = \$255 per discipline    Make check payable to the Oregon Health Authority.

### Applicant Information:

**Name:** \_\_\_\_\_

(As it appears on Social Security card)    Last    First    M.I.

**Social Security Number (REQUIRED BY LAW):**    \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_

**Residence Mailing Address:** \_\_\_\_\_

Number    Street    Apt. #

City    State    Zip Code

Home/Cell Phone # \_\_\_\_\_

**Business or Firm Name:** \_\_\_\_\_

(Legal, active name registered with the Oregon Secretary of State - Corporation Division, unless otherwise exempt from their regulations. Examples include legal names registered as sole proprietor, general partnership, LLC, business corporation, non-profit corporation, etc.)

**Firm Mailing Address:** \_\_\_\_\_

Number    Street    Suite #

City    State    Zip Code    Individual's work cell phone#

Firm Phone #                      FAX #                      Individual's Work Email (or personal if no work email address)

### **Application Checklist**

- Application Signed     Two Passport Photos  
 Documentation of Lead-Based Paint Training                       Non Refundable Application Fee(s)  
(Copy of a current course completion certificate(s))  
 Check this box if you want your name posted on our website as a lead-based paint activities professional.

*I certify that I have read and will comply with ORS 431A.355, ORS 431A.358, and OAR 333-069; and I understand that failure to comply with those requirements may result in monetary penalties and/or revocation of my certification. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_                      Date Signed: \_\_\_\_\_