

Oregon Health Authority

LEAD-BASED PAINT PROGRAM

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	Lead-Based Paint Abatement & Inspection Certification Examination Form Applicant Name (print):			
	Address:Street	C'A	C	
	Phone: ()	City FAX: ()	State Zip	
	Email:			
	Check to receive exam results via email Training Date on Course Certificate(s): Attach a copy of recent training completion certificate(s)			
	Certification eligibility: Find the discipline eligible for the certification: Eligibility Requirements [Professionals (pdf)]	• •	_	n you are
В.	Exam Type (check the applicable box):	□ Inspector □ Risk	Assessor	
C.	Exam Date: Indicate the date (a weekday) on which you prefer to take the exam, as well as an alternate date. Your indication of preference does not reserve or guarantee that test date.			
		Preferred date	Alternate Date	
D.	<u>Location</u> : 800 NE Oregon St., Suite 640, I proctor confirms and schedules your exam more details.			
E.	Exam Time (select an AM or PM 3-hr. b	<u>llock</u>): □ 9:00 AM – 1	2:00 PM □ 1:00 PM − 4:0	0 PM
F.	Application Process: Please email this form form to the above office address or fax it to		a.oregon.gov. You may also sen	d this