



Application for Individual-Recertification Lead-Based Paint Activities

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

<p>Authority Use Only</p> <p>Cert. # _____</p>

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: _____