

Application for Individual-Recertification Lead-Based Paint Activities

Program Code #: LBPAC

Order ID # _____

[Pay with Credit Card](#)

Oregon Health Authority

Lead-Based Paint Program

Send via this [secure email form](#)

Enter "leadprogram@odhsoha.oregon.gov" into the form

Or FAX the application materials to 971-673-0457.

**Authority Use
Only**

Cert. # _____

Type of Recertification

☐ Risk Assessor☐ Supervisor☐ Project Designer☐ Inspector☐ Worker

Non-Refundable Fees (Three-year recertification)

Worker = \$150, other disciplines = \$255 per discipline Pay online via the link in the upper left box.

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☐ Digital or Scanned Passport Photo☐ 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: _____