DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY DIVISION
LEAD BASED PAINT TRAINING PROGRAM
LEAD–BASED PAINT INSTRUCTOR APPLICATION

1) Instructor for:

☐ **LBP Inspector** *(100185)* ☐ **LBP Risk Assessor** *(100186)* ☐ **LBP Supervisor** *(100187)* ☐ **LBP Abatement Worker**

Candidates will be contacted to schedule exams once DEQ receives a completed application.
Exam date selected must be scheduled at least two weeks in advance.

2) Name _____ _____ _____ **Social Security #** _____/_____/_____
Last **First** **Middle**

Employer _____

Business Address _____

City _____ **State** _____ **Zip**_____**County** _____

Phone # ( ) _____ **Fax # ( )** _____ **E-mail** _____

3) Home Address _____

City _____ **State** _____ **Zip**_____**County** _____

Home Phone # ( ) _____

4) PLEASE CHECK (√) ALL APPROPRIATE FEES FOR APPLICATION:

Attach a check or money order to this application made payable to: Department of Environmental Quality.
Retain a copy of this application to serve as your receipt/invoice.

Fee Schedule		
Type of Discipline	Exam Fee (Select Exam Fee Every 3rd year)	Total
Inspector	☐ $50.00 *(100185)*	
Inspector/ Risk Assessor	☐ $50.00 (*100186)*	
Supervisor	☐ $50.00 *(100187)*	
	Total	
	***(For DEQ Use Only)* Total Received by DEQ**	

STATEMENT OF UNDERSTANDING:

I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application. I certify that I will comply with all requirements established in OAC 252:110.

SIGNATURE OF APPLICANT _____ **DATE**_____

PLEASE RETURN APPLICATION TO:

Department of Environmental Quality
Financial & Human Resources Management
P.O. Box 2036
Oklahoma City, OK 73101 (405) 702-4100