

To avoid certification application delays due to insufficient information, please complete the following checklist.

**Did You...**

- 1. include a notarized affidavit of citizenship (if an initial applicant)?
- 2. sign and date the application and sign and notarize affidavit(s)?
- 3. indicate name, permanent mailing address, email address and telephone number?
- 4. indicate the name, mailing address and the telephone/fax numbers of your company?
- 5. include a copy of training certificate received from accredited training provider?
- 6. include documentation of education (if applicable)?
- 7. include dates of experience such as a resume or letter of reference (if applicable)?
- 8. include all relevant application fees?
- 9. include contact information for out of state training provider (if applying for equivalency review)?
- 10. include a signed government affidavit form #110-304 (if applying for exemption from certification fees)?

**STATEMENT OF UNDERSTANDING:**

I hereby certify under penalty of law that this application and any attachments contain neither willful nor negligent misrepresentation nor 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 revocation of any certificate issued as a result of this application. I certify that as a Certified Lead-Based Paint Contractor, I will comply with all requirements established in OAC 252:110.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:** Department of Environmental Quality  
 Administrative Services Division  
 P.O. Box 2036  
 Oklahoma City, OK 73101  
 (405) 702-4100



# LEAD-BASED PAINT CERTIFICATION APPLICATION

## Air Quality Division

- |   |   |
|---|---|
| <input type="checkbox"/> Initial Inspector (100188)               | <input type="checkbox"/> Renewal Inspector (100197)               |
| <input type="checkbox"/> Initial Inspector/Risk Assessor (100189) | <input type="checkbox"/> Renewal Inspector/Risk Assessor (100198) |
| <input type="checkbox"/> Initial Supervisor (100192)              | <input type="checkbox"/> Renewal Supervisor (100199)              |
| <input type="checkbox"/> Initial Project Designer (100194)        | <input type="checkbox"/> Renewal Project Designer (100200)        |
| <input type="checkbox"/> Initial Abatement Worker (100196)        | <input type="checkbox"/> Renewal Abatement Worker (100201)        |

First time applicants check only one initial discipline per application. Affidavits of citizenship are only submitted once. If testing is required, you will be contacted to schedule the exam once the application is complete. Renewal applicants may submit all individual certifications on one application, including fees. Exempt entities do not pay exam fees.

**1) When do you want your certification to be activated? (This is for initial applicants only)**

Immediately (Present date through following March 31)  Next Full Year (April 1 through March 31)

**2) Name** \_\_\_\_\_ **Social Security #** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

**Firm Name** \_\_\_\_\_

**Firm Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Phone #** ( ) \_\_\_\_\_ **Fax #** ( ) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**3) Permanent Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Phone #** ( ) \_\_\_\_\_ **Fax #** ( ) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**4) TRAINING CREDIT: Check the Lead-Based Paint Training classes you have recently attended. Attach a copy of each training class completion certificate for each discipline for which you are applying.**

- |  |   |
|--|---|
| <input type="checkbox"/> Initial Inspector (24hrs)         | <input type="checkbox"/> Inspector Refresher (8 hrs)        |
| <input type="checkbox"/> Initial Risk Assessor (16 hrs)    | <input type="checkbox"/> Risk Assessor Refresher (8 hrs)    |
| <input type="checkbox"/> Initial Supervisor (32 hrs)       | <input type="checkbox"/> Supervisor Refresher (8 hrs)       |
| <input type="checkbox"/> Initial Project Designer (40 hrs) | <input type="checkbox"/> Project Designer Refresher (8 hrs) |
| <input type="checkbox"/> Initial Abatement Worker (16 hrs) | <input type="checkbox"/> Abatement Worker Refresher (8 hrs) |

**DEQ OFFICE USE ONLY**

Date AQD Received _____	By _____ (AR)	Amount Received _____	By _____	Date _____
Certification # _____	(HR) Affidavit of Citizenship	<input type="checkbox"/> Denied	By _____	Date _____
<input type="checkbox"/> Abatement Worker \$30 (100196)	(HR STAMP)	<input type="checkbox"/> Renewal Abatement Worker \$15 (100201)		
<input type="checkbox"/> Project Designer \$500 (100194)		<input type="checkbox"/> Renewal Project Designer \$250 (100200)		
<input type="checkbox"/> Equivalency Review \$500 (100718)		<input type="checkbox"/> Renewal Risk Assessor \$150 (100198)		
<input type="checkbox"/> Inspector \$200 (100188)		<input type="checkbox"/> Renewal Inspector \$100 (100197)		
<input type="checkbox"/> Risk Assessor \$300 (100189)	<input type="checkbox"/> Exam Fee \$50 (100190)	<input type="checkbox"/> Renewal Supervisor \$75 (100199)		
<input type="checkbox"/> Supervisor \$150 (100192)	<input type="checkbox"/> Exam Fee \$50 (100191)	<input type="checkbox"/> No Fees Received \$0		
	<input type="checkbox"/> Exam Fee \$50 (100193)			

5) **EXPERIENCE:** List your *applicable* experience (252:110-5-1(3)). List your present job first. Attach additional sheets or resume' with references if needed.

Job Title \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe your duties:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6) **EDUCATION:** List your *highest level* of education. Attach documentation (copy of diploma or transcript) if applying for Risk Assessor or Project Designer discipline.

Degree \_\_\_\_\_ Institution \_\_\_\_\_

7) \*Do you wish to use certification from another state or agency for application?  YES  NO

8) PLEASE CHECK (✓) ALL APPROPRIATE FEES FOR APPLICATION:

Certification fees must be paid before application can be processed by DEQ. Attach (do not staple) a check or money order to this application made payable to:

Oklahoma Department of Environmental Quality

9) If paying via credit card please give DEQ's accounting department the following information:

Name of contact person \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Fee Schedule				
Type of Discipline (Select one discipline)	Initial Only		Renewal Only	Extended Total
	Discipline Fee (Must select Exam Fee)	Exam Fee	Discipline Fee	
Inspector	\$200.00	\$50.00	\$100.00	
Inspector/ Risk Assessor	\$300.00	\$50.00	\$150.00	
Supervisor	\$150.00	\$50.00	\$75.00	
Project Designer	\$500.00	N/A	\$250.00	
Abatement Worker	\$30.00	N/A	\$15.00	
*Equivalency Review (Select if you marked 'yes' to question no. 8)			\$500.00	
<input type="checkbox"/> Check here to claim exemption from certification fees			<b>TOTAL</b>	

**Note:** Applicants claiming exemption must enclose a completed government affidavit form (DEQ Form #110-304) with this application.

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

STATE OF OKLAHOMA )  
 )  
 COUNTY OF OKLAHOMA ) ss.

AFFIDAVIT

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath deposes and states as follows:

- That I am an applicant for inspector, risk assessor, supervisor, project designer, or abatement worker certification pursuant to OAC 252:110;
- That any and all employees and/or subcontractors performing LBP services for the applicant will be certified by the DEQ prior to such performance;
- That the applicant and employees or subcontractors thereof will perform LBP services and maintain records thereof in accordance with all applicable local, state and federal standards;
- That the applicant will only perform LBP services for DEQ certified firms;
- That the applicant  will or  will not obtain and maintain the required level of insurance and bonding required by the terms of each LBP agreement and/or contract for each specific project.

FURTHER AFFIANT SAITH NOT.

\_\_\_\_\_  
 APPLICANT/AFFIANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
 (seal)