



Lead-based Paint Certification Application

North Dakota Department of Health
Lead-based Paint Control Program
SFN-53478

General Requirements - The following items must accompany this application.

1. An unaltered copy of the applicant's original training certificate and test results received after successful completion of an EPA or Authorized State accredited training course and test. Include all full course and refresher certificates for initial certifications or if your certification has been expired for more than three years.
2. A check or money order payable to the North Dakota Department of Health in the amount of \$150.00 per discipline for every three years. The \$150.00 fee is waived for public employees.
3. Send the application to:

North Dakota Department of Health
Division of Air Quality
918 East Divide Ave, 2nd Fl
Bismarck, ND 58501
Fax: 701.328.5185
Phone: 701.328.5188

For Office Use Only Do not write in this space	
Check No. _____	
Check Amount _____	
Reviewer _____	
Date Approved _____	
Certificate No. _____	
Expiration Date _____	
Discipline _____	
Public Empl. <input type="checkbox"/> Yes <input type="checkbox"/> No	
File Folder <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name (Last, First, Middle)			
Home Street Address			
City	State	Zip	Home Telephone No.
Employer			
Employer Address			
City	State	Zip	Employer Telephone No.
Date of Birth (Month, Day, Year)		Social Security No.	
Are you a citizen of the Unites States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what is your alien registration Number? _____			

Have you ever been certified in North Dakota before? <input type="checkbox"/> Yes, Cert. No. _____ <input type="checkbox"/> No	
Check the discipline(s) in which you are applying for certification.	
1. Lead-based Paint Abatement Worker	<input type="checkbox"/> Initial <input type="checkbox"/> Recertification
2. Lead-based Paint Abatement Supervisor	<input type="checkbox"/> Initial <input type="checkbox"/> Recertification
3. Lead-based Paint Inspector	<input type="checkbox"/> Initial <input type="checkbox"/> Recertification
4. Lead-based Paint Risk Assessor	<input type="checkbox"/> Initial <input type="checkbox"/> Recertification
5. Lead-based Paint Abatement Project Designer	<input type="checkbox"/> Initial <input type="checkbox"/> Recertification

I certify that the information included with this application is true and accurate.

Signature Date