



www.dshs.state.tx.us/elp
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
BUDGET/FUND: ZZ112-085

Remit #: _____

Remit Date: _____

Lead Abatement Project Designer Reciprocal Certification Application

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY	
Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____ Pymt. Type: _____
Post Mark Date: _____	Last Doc. Rcvd. Date: _____
Rvw Date: _____ Init _____	Print Date: _____ Init. _____
Aprv Date: _____ Init. _____	Mail Date: _____ Init. _____
Issue Date: _____ Init. _____	

PLEASE COMPLETE THE FOLLOWING (please print legibly):

Applicant Name (First, Middle Initial, Last) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

Date of Birth (month/day/year) _____ Applicant E-mail Address _____ Telephone Number (including area code) _____

Applicant's Address (include apartment #) _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Company Affiliation Name (if applicable) _____ Telephone Number (including area code) _____

Company Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I certify that I have read and understand the Texas Environmental Lead Reduction Rules (§§295.201-295.220) and agree to comply with them including to follow the standards for conducting lead-based paint activities set out in §§295.212 and 295.213 (relating to Standards for Conducting Lead-Based Paint Activities and Lead-Based Paint Activities Requirements). I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a certification. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

Mailing address for applications containing money:

Department of State Health Services - MC2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

- To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.
- You may pay for your license online at www.dshs.state.tx.us/elp and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.

The appropriate fee is required for certification in accordance with §295.209 of the Texas Environmental Lead Reduction Rules:

Certification Fee: (two-year term)

- INITIAL/RENEWAL: Certification Fee: \$610.00

Requirements for a Reciprocal Certification:

The following information requested below must be provided to the department for verification purposes.

- A copy of your **Lead Abatement Project Designer certification certificate** issued by EPA or an EPA-authorized state* must be submitted with your application along with the information listed below in order for the department to grant reciprocal certification.

Certification No. _____ State of Certification: _____

Certification effective dates: _____

Contact information of certifying Agency/Program: _____

Agency/Program Name: _____

Contact Phone No. (_____) _____

*The certification or license from another state must be from a state that has received United States Environmental Protection Agency authorization to administer and enforce a state certification and training program under Title IV of the Toxic Substance Control Act (TSCA).

PRIVACY NOTIFICATION/NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)