



www.dshs.state.tx.us/asbestos  
 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: \_\_\_\_\_

## Application for Replacement of Lead Certification Credentials

**DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY**

Rcvd Date: _____ Init. _____	Amt Rcvd:\$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init. _____	Mail Date: _____ Init _____

**PLEASE COMPLETE THE FOLLOWING** (please print legibly):

**If renewing:** Enter your current accreditation number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 Name (if applicable) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATION:** I certify that I have read and understand the applicable rules and agree to comply with them. 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 \_\_\_\_\_

**TYPE OF REPLACEMENT CREDENTIAL(S) REQUESTED** (Please check the appropriate box for the type of credential(s) desired):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Certification Certificate</b> | <input type="checkbox"/> <b>Certification Identification Card</b> |
| <input type="checkbox"/> Lead Inspector                   | <input type="checkbox"/> Lead Inspector                           |
| <input type="checkbox"/> Lead Risk Assessor               | <input type="checkbox"/> Lead Risk Assessor                       |
| <input type="checkbox"/> Lead Abatement Supervisor        | <input type="checkbox"/> Lead Abatement Supervisor                |
| <input type="checkbox"/> Lead Abatement Project Designer  | <input type="checkbox"/> Lead Abatement Project Designer          |
| <input type="checkbox"/> Lead Abatement Worker            | <input type="checkbox"/> Lead Abatement Worker                    |
| <input type="checkbox"/> Lead Firm*                       |   |

**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.
- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee.

**The appropriate fee and the following documentation are required for certification in accordance with §295.205 of the Texas Environmental Lead Reduction Rules:**

## **Credential Replacement Fee:**

- Certification Certificate: \$20
- Certification Identification Card: \$20
- Certification Certificate AND Certification Identification Card: \$40

## **STATEMENT OF REASON FOR REPLACEMENT**

Please state below, the reason that you are seeking a replacement credential. If requesting a new certification certificate and identification (ID) card due to a name change by the individual, the original certificate and ID card that was issued must accompany this application along with legal documentation to support this change. If requesting a new certification certificate due to a name change of the Lead Firm, the original certificate that was issued must accompany this application along with legal documentation to support that change.

**\*Special Note:** If the name change of the Lead Firm is due to new ownership, the former principal(s) of the firm must close out their firm certification in writing, return to the department the issued certification certificate that indicates the old firm name, and the new principal(s) of the firm must apply for a new Lead Firm certification and pay the appropriate fee for a new certification.

---