

**MAILING ADDRESS**

Department of State Health Services – MC2003  
Environmental & Sanitation Licensing Group  
P.O. Box 149347  
Austin, Texas 78714-9347



**FOR DSHS USE ONLY:**

**BUDGET/FUND:**  
**ZZ112-085**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Application for Replacement of Lead Accreditation Credential**

**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):

Enter your current accreditation number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- SOLE OWNER/PROPRIETORSHIP     
  LLP (Limited Liability Partnership)     
  LLC (Limited Liability Company)  
 LP (Limited Partnership)     
  PARTNERSHIP     
  CORPORATION     
  DBA (Doing Business As)

Legal Business Name		State Tax Payer's Identification number	
DBA Name (if applicable)		Telephone Number (include area code)	
Firm's Owner or Authorized Agent (Last Name, First Name, MI)		Telephone Number (include area code)	
Title of Owner or Agent			
Business Mailing Address (include suite #)	City	State	Zip Code
Business Physical Address (include suite #)		Company e-mail address	

**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 an accreditation. 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 \_\_\_\_\_

The appropriate credential replacement fee described below is required to be paid for each credential requested in accordance with §295.204(b)(1) of the Texas Environmental Lead Reduction Rules:

**Credential Replacement Fee :**

- Accreditation Certificate: \$20

**IMPORTANT INFORMATION**

- Applications for accreditation certificate replacement will not be approved until the application has been reviewed and information verified.

**STATEMENT OF REASON FOR REPLACEMENT**

Please state below, the reason that you are seeking a replacement credential. If requesting a new accreditation certificate due to a name change of the Lead Training Program Provider 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 Training Program Provider is due to new ownership, the former principal(s) of the provider must close out their original accreditation in writing, return to the department the issued accreditation certificate that indicates the old provider name, and the new principal(s) of the provider must apply for a new Lead Training Program Provider accreditation and pay the appropriate fee for a new accreditation.

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**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.)