



[www.dshs.state.tx.us/elp](http://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 Supervisor Initial/Renewal Certification Application

I am a (check one if applicable):  Military Member  Veteran  Military Spouse

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 certification 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) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

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

License Mailing Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Employer 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 \_\_\_\_\_

**Mailing address for applications containing money:**

Department of State Health Services - MC 2003  
 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

- Visit our webpage to pay for your license application fees online.
- To avoid late fees a complete application and all required documentation must be postmarked prior to expiration of the license.

**The appropriate fee and the following documentation are required for certification in accordance with §295.208 of the Texas Environmental Lead Reduction Rules:**

**Certification fees:** (*Two-year term*)

- Initial/Renewal: \$308.00
- Expired for 90 days or less: \$458.00
- Expired for more than 90 days but less than one year: \$608.00

**Requirements for an initial certification:**

- A copy of applicant's training course completion certificate from a Department-accredited training provider for the initial 32 hour Lead Abatement Supervisor training course
- A copy of your examination results showing proof of passing the department's Lead Abatement Supervisor examination with at least a 70% passing grade within 6 months of completing the initial 32-hour Lead Abatement Supervisor course

**Also, at least one of the following criteria must be met and verification documentation provided:**

- One year of experience as a certified Lead Abatement Worker §295.208(b)(3)(A); **or**
- Two years of experience in a related field (e.g. lead, asbestos, public health, or environmental remediation work) or in the building construction trades §295.208(b)(3)(B)

**Requirements for renewing a certification:**

- A copy of applicant's training certificate from a Department-accredited training provider for the 8-hour Lead Abatement Supervisor refresher training course completed no sooner than 180 days prior to the expiration date of the certification

**Military designation:**

Branch: \_\_\_\_\_

- Provide documentation of military, veteran, or military spouse status
- Provide detailed documentation concerning military experience and training to be considered towards the issuance of the license
- Military spouses must provide proof of current licensure in another jurisdiction that has licensing requirements that are substantially equivalent to Texas

**Suggested Format for Documenting Work Experience**

<b>Dates (from – to) Employer Location</b>	<b>Job Title Field of Work Duties Performed</b>	<b>Name of supervisor, title, &amp; phone number of individual that can verify experience</b>

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.)