Cabinet for Health and Family Services Kentucky Department for Public Health

APPLICATION FOR CERTIFICATION

PLEASE PRINT CLEARLY

Initial Renewal For: Inspector R	If renewal, currents isk Assessor Supervisor		ication numberesigner Worker [Sampling Technician
Name: First	Last	Middle	DOB:	
	State:		Work Phone: (}
If you are employed by lea	d- hazard companies currentl	y certified by the D	epartment provide the follo	owing:
	ess: nber:		Phone number: ()
*A color wallet size pho	to no smaller than 2" by 2	" is required for	r certification (i.e. pass)	port photo)
This is to affirm that the abo	ve (and attached) information	is accurate and ha	s been provided by me:	
Applicant Signature:		Date:		
	FOR DEPARTMENT I	FOR PUBLIC HE	CALTH USE ONLY	
	Not to Be	Filled Out By App	licants	
Certification Fee: Methor Check	od of Payment: Date Rec'd _ or Money Order		Processed by	_
Discipline Fee: \$	No			
Application Fee \$50.00	No			
Third Party Fee \$50.00	No			
	Approved		Disapproved	
	ASSIGNED CERTII	FICATION NO: _		

Mail To:
Department for Public Health
Environmental Lead Program
275 East Main Street HS1E-B
Frankfort, KY 40621

Attn: Certification

Kentucky Public Health