

Cabinet for Health and Family Services
Kentucky Department for Public Health

APPLICATION FOR LEAD-HAZARD COMPANY CERTIFICATION

PLEASE PRINT CLEARLY

Initial Renewal If renewal, enter current Kentucky certification number

Company Name: _____ Contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____
Fax Number: () _____ Email Contact: _____

This is to affirm that the above (and attached) information is accurate and has been provided by me:

Applicant Signature: _____ Date: _____

FOR DEPARTMENT FOR PUBLIC HEALTH USE ONLY

--Not To Be Filled Out By Applicants--

Certification Fee: Method of Payment: Date Rec'd _____ Processed by _____
Check or Money Order

Certification Fee: \$200.00 No. _____

Application Fee: \$50.00 No. _____

Approved Disapproved

ASSIGNED CERTIFICATION NO. _____

Mail or Deliver to:

Department for Public Health
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621

ATTN: Certification



Kentucky Public Health
Prevent. Promote. Protect.