



JOHN ELIAS BALDACCI
GOVERNOR

David P. Littell
COMMISSIONER

RENEWAL APPLICATION

FOR LICENSING AS A LEAD TRAINING PROVIDER

Complete all sections of the application either by hand printing in ink or typing in the gray areas. Print out and sign the completed application and mail to Maine DEP with the appropriate application fee. Attach additional sheets as necessary.

1. Applicant:							
Company Name							
Company Address							
City		State		Zip			
Company Phone Number					e-mail address		
Principal Course Instructor				Title			
Previous License Number (if applicable):							
2. License Information:							
Are you presently permitted, licensed, certified or registered in the lead abatement field with another state?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, State:				Number:			
If Yes, State:				Number:			

3. Qualified Training Manager(s):

Please provide the name of the training personnel responsible for the development and administration of the training courses.

Primary Instructor:

Secondary Instructor(s):

4. Information for Accreditation of Courses

Please check each of the lead courses for which you are applying for accreditation:

- LEAD ABATEMENT WORKER (24 hrs, including minimum 10 hrs hands-on)
 - REFRESHER (8 hrs)
- PROJECT SUPERVISOR (32 hrs, including minimum 8 hrs hands-on)
 - REFRESHER (8 hrs)
- LEAD INSPECTOR (32 hrs, including minimum 8 hrs hands-on)
 - REFRESHER (8 hrs)
- RISK ASSESSOR (16 hrs, including minimum 4 hrs hands-on)
 - REFRESHER (8 hrs)
- DESIGN CONSULTANT (16 hrs) REFRESHER (8 hrs)
- LEAD-SMART RENOVATOR (8 hrs)
- LEAD SAMPLING TECHNICIAN (6 hr., including minimum 90 minutes hands-on)

5. Changes Resulting from Course Audit During Past Year:

Facility:

Curriculum:

Please submit all new course materials and clearly indicate any changes or deletions to existing course materials.

6. Application and License Fees:

The application must include a non-refundable cashiers, certified or company check in the amount of **\$500.00** made payable to the **Maine Environmental Protection Fund**.

7. Signature:

I CERTIFY THAT THE TRAINING COURSES PROVIDED BY THIS COMPANY MEET THE ACCREDITATION REQUIREMENTS ESTABLISHED IN SECTIONS 8.B, 8.C, AND 8.D OF CHAPTER 424, THE LEAD MANAGEMENT REGULATIONS. I FURTHER CERTIFY THAT THESE COURSES WILL BE IMPLEMENTED IN ACCORDANCE WITH SECTIONS 8.E, 8.F AND 8.G OF CHAPTER 424. THE DEPARTMENT WILL BE ALLOWED TO AUDIT ANY AND ALL ASPECTS OF EACH OF THESE COURSES. I WILL MAINTAIN STUDENT RECORDS FOR AT LEAST TWO YEARS AND WILL PROVIDE THESE TO THE DEPARTMENT UPON REQUEST.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

SIGNED:		DATE:	
PRINTED:			

**RETURN TO: Lead & Asbestos Hazard Prevention Program
Department of Environmental Protection (BRWM)
17 State House Station
Augusta, Maine 04333-0017
(207) 287-2651**