



Important: Consult the instructions provided for training programs applying for accreditation to complete this form. Please type or print responses in black or blue ink only.

A. General Information

Select one of the following application types:

- Initial accreditation application
Re-accreditation application
Adding jurisdiction(s) to accreditation/amending accreditation
Replacement of a certificate

Official Use Only

For information on EPA and other lead programs, see: http://www.epa.gov/lead

Indicate the course(s) for which you seek accreditation or re-accreditation. List all EPA-run jurisdiction(s) in which you intend to conduct lead-based paint activity training.

Check here to be listed on EPAs web site

The fee you must pay depends on the number of disciplines and EPA-run jurisdiction(s) in which you plan to conduct lead-based paint activity training.

Table with columns for disciplines: Inspector, Supervisor, Risk Assessor, Project Designer, Abatement Worker, Renovator, Dust Sampling Technician. Rows for 1st and 2nd EPA-run jurisdiction and additional jurisdictions.

Worker courses in a language other than English (list each language separately):

(Note: Only worker course(s) can be taught in a language other than English. \$1,760 for initial course, \$1,010 for refresher course, and \$35 for each additional EPA-run jurisdiction per language.)

Total Fee: \$

Do you request a fee waiver as a: Local government applicant, State government applicant, Nonprofit applicant.

If your training program designation is nonprofit, specify the IRS-issued number below and submit a copy of an official IRS letter confirming such designation.

501(c)(3) IRS-issued number, 501(c)(5) IRS-issued number, 501(c)(9) IRS-issued number, Other

B. Applicant Information

Name of Training Program and Street Address: Business, State, Agency, etc.

Street Address, Suite Number (Please no P.O. Box) City State Zip Code

Mailing Address: Address City State Zip Code

Applicant's Phone #: ( ) ext. Applicant's Fax #: ( )

Applicant's E-mail Address:

Please list all types of facilities and locations at which training will take place. Attach additional sheets of paper, as necessary.

Type of Facility \_\_\_\_\_ Street Address, Suite Number (Please no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Facility \_\_\_\_\_ Street Address, Suite Number (Please no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**C. Qualifications of Training Program Manager**

Name of Training Program Manager: \_\_\_\_\_  
Last First Middle

Training Program Manager's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Teaching Workers or Adults Requirement of §745.225(c)(1)(i), (ii), or (iii):

Check one of the following:

- Experience **or**  Education **or**  Training **or**  Bachelors or graduate degree in any field **or**  Experience managing a training program specializing in environmental hazards

Circle the supporting documentation attached for the box checked above:

- |                                  |                  |                 |                  |                                  |
|----------------------------------|------------------|-----------------|------------------|----------------------------------|
| <u>Experience</u>                | <u>Education</u> | <u>Training</u> | <u>Bachelors</u> | <u>Management experience</u>     |
| Resume                           | Diploma          | Diploma         | Diploma          | Resume                           |
| Letter of Reference              | Transcript       | Transcript      | Transcript       | Letter of Reference              |
| Documentation of Work Experience |                  | Certificate     |                  | Documentation of Work Experience |

Construction Industry Requirement of §745.225(c)(1)(iv):

Check one of the following:

- Experience **or**  Education **or**  Training

Circle the supporting documentation attached for the box checked above:

- |                                  |                  |                 |
|----------------------------------|------------------|-----------------|
| <u>Experience</u>                | <u>Education</u> | <u>Training</u> |
| Resume                           | Diploma          | Diploma         |
| Letter of Reference              | Transcript       | Transcript      |
| Documentation of Work Experience |                  | Certificate     |

**D. Qualifications of Principal Course Instructor (Attach a separate sheet for each individual.)**

Name of Principal Course Instructor for each course: \_\_\_\_\_  
Last First Middle

(If more than one, attach additional sheets.)

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Teaching Workers or Adults Requirement of §745.225(c)(2)(i):

Check one of the following:

- Experience **or**  Education **or**  Training

Circle the supporting documentation attached for the box checked above:

- |                                  |                  |                 |
|----------------------------------|------------------|-----------------|
| <u>Experience</u>                | <u>Education</u> | <u>Training</u> |
| Resume                           | Diploma          | Diploma         |
| Letter of Reference              | Transcript       | Transcript      |
| Documentation of Work Experience |                  | Certificate     |

Completion of Accredited Lead-specific Training Requirement of §745. 225(c) (2) (ii):

Check as many that apply and complete information for each. Attach additional sheets of paper, as necessary.

Discipline:  Inspector  Supervisor  Risk Assessor  Project Designer  Abatement Worker

Specify EPA or name of accrediting EPA\_authorized state, U.S. territory, or Indian tribe:

Name of Trainer: \_\_\_\_\_ Name of Training Program: \_\_\_\_\_

Training Program Address: \_\_\_\_\_  
Street Address, Suite Number City State Zip Code

Training Program Phone #:( \_\_\_\_\_ ) \_\_\_\_\_ ext \_\_\_\_\_ Date Training Completed: \_\_\_\_\_  
Month/Day/Year

Training Certificate Identification Number: \_\_\_\_\_

Construction Industry Requirement of §745. 225(c) (2) (iii):

Check one of the following:

Experience **or**  Education **or**  Training

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>
Resume	Diploma	Diploma
Letter of Reference	Transcript	Transcript
Documentation of Work Experience		Certificate

**E. Lead-Based Paint Activity or Renovation Violations**

Does the training program have any past, present, or pending lead-based paint activity or renovation violations of EPA, state, U.S. territory, or Indian tribal land(s) regulations?  Yes  No

If yes, please attach a written explanation.

**F. Certification of Course Training Material**

I certify that I am using the course training materials as marked in the boxes below for each of the courses that I am seeking accreditation as required by §745.225(b)(1)(iii). My signature in Section I applies to this Section F.

	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker	Renovation Firm
EPA recommended training materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized state course/program (attach documentation that course and/or program is state-approved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other LBP training (contact the Help Line at 1-800-424-LEAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. Re-accreditation Applicants Only**

Use the following space to describe any changes to the training facility, equipment, or course materials since the training program's last application was approved. Attach additional sheets of paper, as necessary.

\_\_\_\_\_  
 \_\_\_\_\_

**H. Additional Information**

Use the following space for any additional information or comments that you feel are relevant and want EPA to consider with your application. Attach additional sheets of paper, as necessary.

\_\_\_\_\_  
 \_\_\_\_\_

**I. Certification Statement**

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity or renovation training program described in Parts A through H of this application, including any attachments, meets the requirements established in paragraph (c) of 40 CFR § 745.225. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to 40 CFR § 745.225 and conduct lead-based paint activities or renovation training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or to imposition of applicable criminal and civil penalties and/or administrative remedies.



Training Program Manager's Signature  
(Please sign legibly within the boundaries of the box above.)

\_\_\_\_\_  
Date Signed

**Before you mail your application and accreditation fee, make sure that you have:**

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed education, experience, and other documentation for the Training Program Manager and Principal Course Instructor
- Enclosed a description of facilities and equipment
- Enclosed the course test blueprint
- Enclosed a description of activities and procedures for hands-on skills assessment
- Enclosed quality control plan(s)
- Enclosed course manual(s) and course agenda(s) (if not using EPA recommended or authorized State or Indian tribe approved training materials)
- Enclosed the appropriate accreditation fee(s) (check or money order)
- Printed "Lead Program User Fees" on the check or money order

For more information, see the fees section in the instructions

**Mail original completed application, supporting materials, and accreditation fee to:**

U.S. EPA  
Lead User Fees  
P.O. Box 979072  
St. Louis, MO 63197-9000