



**ACCREDITATION APPLICATION  
FOR TRAINING PROVIDERS**

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

**A. General Information**

Select one of the following application types:

- Accreditation application
- Re-accreditation application
- Adding jurisdiction[s] to accreditation
- Amending accreditation (check all types that apply)
  - New training manager    New instructor    New training location    Other
- Replacement of a certificate

Official Use Only

For information on EPA and other Lead Programs, see: <http://www.epa.gov/lead>.  
Check to be listed on EPA's web site:  
For Evaluation and Abatement  
For Renovation  
I do not want to be listed

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. An EPA-run jurisdiction includes an EPA-run state, a U.S. territory, or all Indian tribal land[s] in any one EPA Region. Attach additional sheets of paper as necessary. EPA accreditation for renovator, and/or dust sampling technician training is valid in all EPA-run jurisdictions (i.e., National Accreditation).

The fee you must pay depends on the number of disciplines and/or EPA-run jurisdiction[s] in which you plan to conduct lead-based paint training. See the fees schedule in the instructions to determine your fee. The total fee listed below should include fees calculated on any additional sheets.

I=Initial R=Refresher	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Renovator		Dust Sampling Technician		Fee
	I	R	I	R	I	R	I	R	I	R	I	R	I	R	
1 <sup>st</sup> EPA-run jurisdiction (pay base fee only)															\$
2 <sup>nd</sup> EPA-run jurisdiction															\$
National Accreditation															\$

Check here if you are listing additional EPA-run jurisdiction[s]. List each additional jurisdiction in the box below as necessary (N/A to renovators and dust sampling technicians). Each additional jurisdiction is \$35 per discipline, per jurisdiction. See the definition of EPA-run jurisdiction[s] and the fee examples in the instructions. For current listing of EPA-run jurisdictions, see [www.epa.gov/lead](http://www.epa.gov/lead), or call 1-800-424-LEAD.

Courses in **electronic learning format**, or a language **other than English** (list each course and language separately):

(\$ \_\_\_\_\_ for initial course, \$ \_\_\_\_\_ for refresher course, and \$ \_\_\_\_\_

for each additional EPA-run jurisdiction per language)

**Total Fee: \$**

Do you request a fee waiver as a:      Local Government      State Government      Federally Recognized Indian Tribe      Nonprofit

(Nonprofit means an entity that has demonstrated to any branch of the Federal Government, or to a state, municipal, tribal, or territorial government, that no part of its net earnings inures to the benefit of any private shareholder or individual.)

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. If another agency/state has designated your nonprofit status, indicate the agency/state and corresponding identification number and attach appropriate documentation.

501(c)(3)                      501(c)(5)                      501(c)(9)                      Other  
    IRS-issued #                      IRS-issued #                      IRS-issued #

**B. Applicant Information**

Name of Training Program & 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.

Fax #:

Applicant's E-mail Address:

Please list all types of facilities and locations at which training will take place and indicate if you plan to train at nonpermanent facilities. 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

Do you plan to provide training at non-permanent facilities                      Yes                      No

Note: A non-permanent facility is accessed by the training provider (typically through a rental or short-term lease agreement) on a one-time or occasional basis. This would include motel facilities and other locations that serve as a temporary training location.

**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	Experience managing
						or graduate degree in		a training program specializing in
						any field		environmental hazards

Check the supporting documentation attached for the box checked above (submit documentation with application):

<b>Experience</b>	<b>Education</b>	<b>Training</b>	<b>Bachelors</b>	<b>Management Experience</b>
Resume	Diploma	Certificate	Diploma	Resume
Letter of Reference	Transcript		Transcript	Letter of Reference
Documentation of Work Experience				Documentation of Work Experience

**Construction Industry Requirement of §745.225(c)(1)(iv):**  
 Check one of the following:

Experience	or	Education	or	Training
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Check the supporting documentation attached for the box checked above (submit documentation with application):

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

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

Name of Principal Course Instructor for each course:

(If more than one, attach additional sheets.)

Last

First

Middle

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
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Check the supporting documentation attached for the box checked above (submit documentation with application):

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

**Completion of (16 hrs) 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.

(Note: 16 hours of training are required for instructors of lead-based activities courses and 8 hours for renovator or dust sampling courses)

Discipline: Inspector Supervisor Risk Assessor Project Designer Abatement Worker  
 Renovator (8hrs) Dust Sampling Technician (8hrs)

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

Check the supporting documentation attached for the box checked above (submit documentation with application):

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

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

Does 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? **If yes**, please attach a written explanation. Yes No

**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	Renovator	Dust Sampling
EPA Recommended Training Materials							
Authorized State course/program							
Other LBP Training							

**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

Authority: 40 C.F.R. Part 745, and 15 U.S.C. §§ 2682 and 2684.

Purpose: Information collected in this system is used to establish an applicant's eligibility for 1) certification to conduct lead-based paint and renovation, repair and painting (RRP) activities in target housing and child-occupied facilities; and 2) accreditation to teach lead-based paint and RRP activities training courses. In addition, certification and accreditation information, as well as information collected from required notifications are used for compliance monitoring, enforcement purposes, and related research.

Routine Uses: EPA may disclose collected information as necessary pursuant to the routine uses published in the Privacy Act System of Records Notice: Federal Lead-based Paint Program (FLPP) System of Records, EPA-54, F.R. 87 Fed. Reg. No. 201 (October 19, 2022), found at <https://www.federalregister.gov/documents/2022/10/19/2022-22271/privacy-act-of-1974-system-of-records>. Such disclosures may include, but are not limited to, disclosure to the appropriate federal, state, local, foreign, tribal or other public authority where relevant to the issuance or retention of a license, grant, or other benefit; to contractors, grantees, consultants, volunteers, educational institutions, or research organizations for research purposes; or to contractors, grantees, consultants, or volunteers as necessary to perform their duties or activities for the Agency.

Mandatory or voluntary disclosure and the effects on the individual of not providing information: Providing your personal information is voluntary. However, failure to provide your personal information may prevent the Agency from certifying an applicant to perform lead-based paint or RRP activities, or accrediting training programs to teach lead-based paint and RRP activities training courses.

I certify that the training program described in Parts A through H of this application, including any attachments, meets the requirements established in paragraph (c) and/or (e) 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 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 Manager's Signature

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

(Please print this form then sign legibly within the boundaries of the box above.)

**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)
  - Enclosed the appropriate accreditation fee(s) (check or money order)
  - Printed "Lead Program User Fees" on the check or money order
- For more information, review the attached application instructions.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0195). Responses to this collection of information are mandatory (40 CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 28.5 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden including through the use of automated collection techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.