



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD OCCUPATION LICENSE APPLICATION

GENERAL INFORMATION

Individuals applying for a license to conduct lead-bearing substance activities in Missouri must provide all of the information requested in this application.

A **complete application** includes:

1. A completed *Lead Occupation License Application* form
2. A copy of your Missouri or EPA accredited training course completion certificates, and any required refresher completion certificates
3. Two (2) recent, passport-size color photographs of the applicant's face without a hat or sunglasses (computer generated or photocopied photographs are not acceptable)
4. Required documentation as evidence of meeting the education and/or experience requirements, and
5. A check or money order made payable to the Missouri Department of Health and Senior Services for the appropriate nonrefundable fee.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF LICENSE

The individual signing the application must provide their social security number pursuant to state and federal law. If you fail or refuse to provide your social security number, your application will be returned to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

- Please submit a separate and **complete application** for each occupation for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.

PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT --- FIRST	MIDDLE INITIAL	LAST
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HOME ADDRESS (STREET, APARTMENT)

CITY	STATE	ZIP CODE	COUNTY
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TELEPHONE NUMBER (_____) _____ - _____	SOCIAL SECURITY NUMBER _____ - _____ - _____
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PRESENT EMPLOYER	EMPLOYER TELEPHONE NUMBER (_____) _____ - _____
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EMPLOYER ADDRESS (STREET)

CITY	STATE	ZIP CODE	COUNTY
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Please mail all correspondence regarding this application to my: (check one)

Home Address Present Employer

PART B. PERSONAL DATA

Have you ever been convicted of a felony under any state or federal law or entered a plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States? Yes No

If you have answered Yes to the above question, you must attach to this application a certified copy of all charging documents (such as complaints, informations or indictments), judgements and sentencing information and any other information you wish considered.

PART C. LICENSE CATEGORY

Check the appropriate box:

FOR OFFICE USE ONLY

<u>APPLICATION FOR:</u>	<u>FEE</u>	
<input type="checkbox"/> Inspector	\$100.00	
<input type="checkbox"/> Risk Assessor	\$100.00	
<input type="checkbox"/> Worker	\$100.00	
<input type="checkbox"/> Supervisor	\$100.00	
<input type="checkbox"/> Project Designer	\$100.00	

PART D. TRAINING INFORMATION Submit copies of all course certificates including refresher courses, if applicable.

TRAINING COURSE	REFRESHER COURSE
<input type="checkbox"/> INSPECTOR <input type="checkbox"/> RISK ASSESSOR <input type="checkbox"/> WORKER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> PROJECT DESIGNER	<input type="checkbox"/> INSPECTOR <input type="checkbox"/> RISK ASSESSOR <input type="checkbox"/> WORKER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> PROJECT DESIGNER

NAME OF TRAINING PROVIDER _____

ADDRESS OF TRAINING PROVIDER _____

APPLICANT'S TRAINING CERTIFICATE NUMBER _____

PART E. RECIPROcity INFORMATION

Are you currently licensed/certified for any lead occupation in a state other than Missouri? Yes No

If Yes, which occupation(s)? _____

In which state(s) do you currently have a lead license/certification? _____

Expiration date: _____

Are you currently certified by the U.S. Environmental Protection Agency? Yes No

If Yes, which region(s)? _____

Expiration date: _____

If you answered yes to either question in this Part, please submit a copy of the license or certificate.

PART F. QUALIFICATIONS

- If this is a worker application, skip Parts F and G.
- Complete the section that applies to the occupation for which you are applying for licensure and submit the appropriate documentation as evidence of meeting the requirements (see Licensure regulations)

LEAD ABATEMENT WORKER –NO EXPERIENCE REQUIRED (Go to Part H)

LEAD INSPECTOR (check one box)

- A Bachelor's degree;
- An Associate's degree and one (1) year experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental hazard remediation work; or
- A high school diploma or certificate of high school equivalency (GED) and two (2) years of experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental hazard remediation work.

RISK ASSESSOR (check one box)

- A Bachelor's degree and at least one (1) year of experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental remediation work;
- An Associate's degree and two (2) years of experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental remediation work;
- Certification as an industrial hygienist, professional engineer, registered architect, and/or certification in a related engineering/health/environmental field such as safety professional, or environmental scientist; or
- A high school diploma or certificate of high school equivalency (GED) and three (3) years of experience in a related field such as lead, asbestos, housing repair or inspection, and/or environmental remediation work.

LEAD ABATEMENT SUPERVISOR (check one box)

- At least one (1) year of experience as a licensed lead abatement worker (from Missouri, EPA or EPA approved state);
- At least two (2) years of experience in asbestos abatement work or as a construction manager or superintendent; or
- At least two (2) years of experience as a manager for environmental hazard remediation projects.

PROJECT DESIGNER (check one box)

- Bachelor of Science degree in engineering, architecture, or a related profession, and one (1) year of experience in building construction and design;
- At least one (1) year of experience as a licensed lead abatement supervisor (from Missouri, EPA or an EPA approved state) and at least two (2) years experience in building construction and design; or
- At least four (4) years of experience in building construction and design.

PART G. EMPLOYMENT HISTORY

EMPLOYER NAME		
EMPLOYER ADDRESS - STREET		CITY
STATE	ZIP CODE	TELEPHONE NUMBER ()
SUPERVISOR NAME		DATES OF EMPLOYMENT (MONTH/YEAR)
JOB DUTIES _____ _____ _____		

EMPLOYER NAME		
EMPLOYER ADDRESS - STREET		CITY
STATE	ZIP CODE	TELEPHONE NUMBER ()
SUPERVISOR NAME		DATES OF EMPLOYMENT (MONTH/YEAR)
JOB DUTIES _____ _____ _____		

EMPLOYER NAME		
EMPLOYER ADDRESS - STREET		CITY
STATE	ZIP CODE	TELEPHONE NUMBER ()
SUPERVISOR NAME		DATES OF EMPLOYMENT (MONTH/YEAR)
JOB DUTIES _____ _____ _____		

PART H. WAIVER (OPTIONAL)

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify the Lead Licensing Program in writing of such change.

NAME	TITLE OR RELATIONSHIP TO APPLICANT
ADDRESS	
TELEPHONE NUMBER ()	

PART I. CERTIFICATION

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.

SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)	DATE
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