



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD OCCUPATION LICENSE RENEWAL 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. To avoid a potential lapse in licensure, a complete renewal applications should be submitted 60 days prior to the date of expiration. **If your license will expire before an application is submitted please refer to regulation 19 CSR 30-70.195.**

A complete application includes:

1. A completed *Lead Occupation License Renewal Application* form:
 - a) The individual signing the application must provide their social security number pursuant to state law § 324.024 RSMo. Failure or refusal to provide your social security number will result in denial of your application.
 - b) Failure to submit a complete applications could result in a delay in obtaining a license or a denial of licensure.
2. A copy of your Missouri accredited refresher training course completion certificate(s).
3. Two (2) recent passport-size color photographs of the applicant's face without a hat or sunglasses (computer generated or photocopied photographs may be acceptable).
4. A check or money order made payable to the Missouri Department of Health and Senior Services for \$50 (nonrefundable fee).

- 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

Expiration Date-
Fee Paid-
License No.-
Internally Reviewed By:
Date Stamp
(For program use only)

PART A. PERSONAL INFORMATION

MR. OR MS.	FIRST (LEGAL NAME OF APPLICANT)	MIDDLE INITIAL	LAST
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APPLICANT'S MAILING ADDRESS (STREET, APARTMENT, P.O. BOX)

CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER ____ - ____ - _____
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TELEPHONE NUMBER (____) ____ - _____	EMAIL ADDRESS (OPTIONAL)
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EMPLOYER	EMPLOYER TELEPHONE NUMBER (____) ____ - _____
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EMPLOYER'S MAILING ADDRESS (STREET)

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

Home Address
 Employer Address
 Union (please provide union address in Part E. of this application)

PART B. CRIMINAL BACKGROUND

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 copy of the official ***judgment and sentencing*** documents for each conviction or plea (must be certified by court clerk). Previously submitted

The fee for all renewal licenses is \$50 and is non-refundable.
If renewing more than one license, you must submit a separate application and fee for each license.

Type of license you are renewing (check only one):

Lead Inspector Lead Abatement Worker Lead Abatement Project Designer
 Lead Risk Assessor Lead Abatement Supervisor

PART C. REFRESHER TRAINING Please submit a copy of your refresher training course certificate.

Name of Training Provider	Training Type (i.e. Inspector-Initial; Worker-Refresher)	Dates of Course	Certificate Number

PART D. LICENSING INFORMATION

Are you currently licensed/certified for any lead occupation in a state other than Missouri? Yes No
If Yes, attach a copy of the license/certificate.

Are you currently certified by the U.S. Environmental Protection Agency (EPA)? Yes No
If Yes, attach a copy of the license/certificate.

Have you had any disciplinary actions or violations against your license/certification in any other state? Yes No

PART E. 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 Department in writing of such change.

NAME	TITLE OR RELATIONSHIP TO APPLICANT

ADDRESS

TELEPHONE NUMBER	EMAIL ADDRESS
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PART F. 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
	