



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:
 - 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 training course completion certificate(s) and/or any required refresher 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. Required documentation as evidence of meeting the education and/or experience requirements.
5. A check or money order made payable to the Missouri Department of Health and Senior Services for \$100 (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 H. 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 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**

PART C. LICENSE CATEGORY

The fee for all initial licenses is \$100 and is nonrefundable.

If applying for more than one license, you must submit a separate application and fee for each license.

Type of license you are applying for (check only one):

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

PART D. TRAINING INFORMATION *You must submit a copy of the course certificate(s)*****

Training required for licensing:

License Applying for:	Requires Initial Training Certificates for:	Some situations require annual refresher training in addition to initial training. Please review the requirements for licensure 19 CSR 30-70.110 through 195.
Lead Inspector	Inspector	
Lead Risk Assessor	Inspector and Risk Assessor	
Lead Abatement Worker	Worker	
Lead Abatement Supervisor	Supervisor	
Lead Project Designer	Supervisor and Project Designer	

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

PART E. LICENSING INFORMATION *You must submit a copy of each license/certificate*****

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

If Yes, list the state, license/certification type, license number and expiration date:

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

If Yes, list the Region, certification type, certificate number and expiration date:

Have you had disciplinary actions (restriction, suspension, revocation, or documented violations) against your license/certification issued by EPA or *other* states? Yes No

If Yes, explain (include name of the issuing agency, dates of offense(s), type of offense(s), action taken against your license/certification, and copy of all documentation):

PART F. QUALIFICATIONS

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 19 CSR 30-70.110 through 19 CSR 30-70.195).

Appropriate documentation is defined as:

- A copy of official academic transcripts or diploma as evidence of meeting the education requirement.
- A resume, letter of reference, or documentation of work experience (see Part G. of this application) as evidence of work experience (all must include: dates of employment; employer's name, address and telephone number; and specific job duties).
- A copy of any license, certification, or registration that would qualify you for licensure.

LEAD ABATEMENT WORKER –No Minimum Education or Experience Required (19 CSR 30-70.150)

LEAD INSPECTOR (check one box) (19 CSR 30-70.130)

- 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
- 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

LEAD RISK ASSESSOR (check one box) (19 CSR 30-70.140)

- 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 hazard 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 hazard 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
- 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 hazard remediation work

LEAD ABATEMENT SUPERVISOR (check one box) (19 CSR 30-70.160)

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

LEAD ABATEMENT PROJECT DESIGNER (check one box) (19 CSR 30-70.170)

- Bachelor's 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 (by Missouri, EPA, or EPA-approved state) and at least two (2) years of experience in building construction and design
- At least four (4) years of experience in building construction and design

PART G. EMPLOYMENT HISTORY (If applicable) (You may substitute a resume or letter of reference from your employer)

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

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

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

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 ()	EMAIL ADDRESS

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
	