

**LEAD PAINT INSPECTOR AND RISK ASSESSOR ACCREDITATION APPLICATION**

**I. Instructions**

Make check or money order payable to: **Maryland Department of the Environment**. Mail application with fee (if required) to: **MDE, P.O. Box 1417, Baltimore, MD 21203-1417**. Fees are non-refundable. Fees for state and local government employees are waived, if exclusively providing the lead abatement services that are on behalf of that government. All applications, including renewals, must be filled out completely. Keep a copy of this application for your records. **Please allow 60 days for processing**. Incomplete or inaccurate applications may be delayed during processing. Please print clearly. Please be aware the Program may email you regarding review of your application. **DO NOT EMAIL SSN OR TAX IDs.**

**II. General Applicant Information**

Last Name		Suffix (e.g. Sr., Jr.)	Legal First Name		Middle Name
Street Address			City	State	Zip Code
Mailing Address (if different from above)			City	State	Zip Code
Telephone #	Email		Date of Birth __ / __ / ____	Social Security Number __ - __ - ____	

**III. Application Type and Fee**

Check one:

- New Applicant (Two-year accreditation)  
 Renewal Applicant (Two-year renewal)

Accreditation #: \_\_\_\_\_; Expiration date: \_\_\_\_\_

Check one of the following three categories:

- Visual Inspector ..... \$125.00  
 Inspector Technician ..... \$125.00

**NEW APPLICANTS ONLY** – provide the following:

Third party Inspector Technician exam date: \_\_\_\_\_;

Third party examination fee is required for in-state exams ..... \$35.00

- Risk Assessor ..... \$200.00

**NEW APPLICANTS ONLY** – provide the following:

Third party Risk Assessor exam date: \_\_\_\_\_;

Third party examination fee is required for in-state exams ..... \$35.00

One year minimum experience as a Maryland accredited Inspector Technician: from: \_\_\_\_\_ to: \_\_\_\_\_;

Inspector Technician accreditation #: \_\_\_\_\_;

**Complete Section VI of this application.**

Check below if it applies to the applicant. **If checked, your application fee will be waived.** ..... FEE WAIVED

- State or Local Government Use

<b>TOTAL FEES SUBMITTED: \$</b>
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**Applicant's name as listed on first page:**

## IV. Applicant's Training Information

List the latest course completed for category applying. Refresher courses are only valid when taken before prior relevant training or accreditation has expired.

Training card #	Expiration date	Name of training provider
Course name	Course date(s) From: _____ To: _____	

## V. Employer Information

**All inspectors (Visual Inspectors, Inspector Technicians, and Risk Assessors), whether or not self-employed, are required to work for an accredited Lead Paint Inspection Contractor. Complete the following employer information.** If the contractor is currently not accredited or the accreditation is expiring within the next 60 days, include a separate *Lead Paint Contractor Accreditation Application* with this application.

Contractor Name (required)		Contractor Accreditation # (if already have one)	
Street Address	City	State	Zip Code
Contact Name		Telephone #	

## VI. Risk Assessor Experience (New Risk Assessor Applicants ONLY)

Pursuant to Code of Maryland Regulations (COMAR) 26.16.01.16.C(1)(b), attach a list of twenty different addresses where XRF or paint chip sampling was performed; OR a list of five addresses where XRF or paint chip sampling was performed and fifteen addresses where lead dust inspections were performed. For further information, please see website.

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: No., Date, Address, Type of Inspection (i.e. XRF, paint chip, or dust)

## VII. Applicant Statement and Signature

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via the Maryland Department of the Environment's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

I certify that I shall perform work practices according to COMAR 26.16.01; 26.16.05 and/or 26.02.07. As per Environment Article 1-203 and Family Law Article 10-119.3 of Maryland before any license or permit may be issued or renewed, the issuing authority shall verify through the Office of the Comptroller and the Maryland Child Support Enforcement Administration that the applicant has no outstanding taxes, unemployment insurance contributions or child support.

Applicant's Original Signature	Date
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Before you mail your application, make sure that you have:

- Filled out all applicable sections of this application (including Section VI if you are a new Risk Assessor applicant)
- Provided all nine digits of your SSN
- Signed and dated the application
- Enclosed the appropriate fees (including Third party examination fee for new Inspector Technician and new Risk Assessor applicants)
- Made a copy of your application for your files