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۶	Select the emplo	•		•		
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	added to t	heir emplo	oyee list. Ref	er 'Manager E	mployee' to s	ee how an
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Proceed to create accreditation application

		Instructions	
your State issued ID. Allow up 90 days	ns, including renewals, must be filled out complete for processing from the date your application with d Third Party Exam information. <i>Supervisor accredi</i>	applicable fee was received. The Program may ema	
	General A	pplication Information	
Last Name	Suffix	Legal First Name	Middle Name
Kasn	Suffix	Fegol	Middle Name
(as per your State ID)	(e.g. Sir, Jr)	(as per your State ID)	
Date of Birth	Social Security Number	Telephone #	Email Address
01/01/1980	XXXXXXX3648	4432345213	fegol@serigor.com
			(Correspondence may be sent to this address)
Residence Address		Mailing Address	
Street Address / PO Rov*	Apartment/Suite/Building#	Street Address / PO Box*	Apartment/Suite/Ruilding#

#### Set-3: Steps

- Instructions about the fee, and processing information is displayed in 'Instructions' section.
- > 'General Application Information' section display information of the applicant.
  - Applicant's information is auto-populated from the personal profile created. Refer 'Register new user' to know how personal profile is created.
  - If any information is incorrect or need to be updated, then the user must update in the personal profile & start the application.
    - Please do not proceed if any information in this section is incorrect.
- 'Application Type' will display whether this application is for a renewal or for an initial accreditation. For renewals, existing accreditation number & expiry date will be autopopulated.
- 'Application Category and Fee' section carry information related to application fee, and 3rd party exam completion date.

Applica	tion Type		
Have you held an accreditation with the same name and category in the past with the state of Maryland?	NO	~	
Acceditation	Category and Fee		
ACCEURADO	category and ree		
Structural Steel Supervisor			\$150
Accreditation Category and	d Fee		
Removal and Demolition Supervisor		\$15	0
IF HAVE NOT HELD THIS CATEGORY WITH MD IN PAST COMPLETE TH	E FOLLOWING	1	
3rd party exam date, was taken or registered to take on			
2/3/2024			
Third party exam fee is			
required for in-state exams \$35	vam inform	ation for Initial Removal	9 Domolition
		applications only	a Demontion
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#### Note:

3rd Party Exam section is application for Initial Removal & Demolition Accreditation Applications only.

•	-		iining card number, card and course conducte
'Employer Info		•	the previous screen. plicant's employer accreditation
details and co	ntact information.		
		Applicant's Training Information	
List the latest course completed	for category applying. Refresher	courses are only valid when taken bef	ore prior relevant training or accreditation has expired
Training card #	Expira	tion date	Name of training provider
Training Card #	Expira	tion date	Silver Spring Associates
Course name	Course	e date(s)	
Maintenance and Repainting S	upervisor (S4) - Ini 10	10/14/2021 to 10/14/2021	
		Employer Information	
ALL Increaster and Disk Asso	applicantel omplations and a		d Daint Increation Contractor This accurate
who are self-employed.			d Paint Inspection Contractor. This requirement inclu
application. Write your Contractor	r information below.	vitnin the next 60 days, include a <u>sepa</u>	arate Lead Paint Contractor Accreditation Application
Silver Spring Associates	100044		02/06/2023
	(if already		
Contact First Name	Contac	t Last Name	Telephone #
Bala	Vega		4432404733
Street Address	City	State	Zip Code
618 Belle Gate Place	CARY	North Carolina	27519
	-	kboxes vary based on I set of check boxes.	the accreditation category. E
categor	·		
Two years minimum of related experience, in		(New Supervisor Applicants ONLY)	
Employer Name	Start Date	End Date	
		Add	
Related Experience	Painting Other		
Abrasive Blasting Daint Removal			
Abrasive Blasting D Paint Removal		It also is a	
[	Start Date 11 End Date		11
Employer Name		te available in table	17
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Employer Name			Supervison Experience (New Supervisor Applicants ONLy)
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Employer Name		Employer Name Employer Name Related Experience Lead Paint Abatement   Painting   M Carpentry   Demolition	Supervisor Experience (New Supervisor Applicants ONLY) Start Date End Date
Employer Name		Employer Name	Supervision Experience (New Supervisor Applicants ONLy) Sant Date aintenance Supervision  Property Management
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# Set-6: Steps

- > Applicant can upload supporting files/documents in the '**Documents**' section.
  - Comments or notes can be added about the document attached.
- Click 'Save Application' to save and the user will navigate to the list of applications saved/submitted/approved.

		SelectFile	
Select a type	~	Choose File No file chosen	Upload
Comment			
	Applicant State	nent and Signature	
cation. Failure to provide the information requested may re rtment of the Environment ("Department") is a public agen	esult in your application not be icy and subject to the Maryland	e. The personal information requested on this form is intended to be used in pring processed. You have the right to inspect, amend, or correct this form. The Ma Public Information Act(Md. Code Ann., General Provisions 4-101, et seq). This foi in whole or in part, by the public and other governmental agencies, if not protect	aryland rm may be made
		e or permit may be issued or renewed, the issuing authority shall verify through s no outstanding taxes, unemployment insurance contributions or child support	
forementioned will only employ, hire or contract with indiv oyees shall perform work practices according to COMAR 26	iduals or companies that are q 5.16.01 and/or 26.02.07. If seeki /s should the Inspection Coontr	ontractor in the State of Maryland. I certify that, for the purpose of performing la ualified under Code of Maryland Regulations (COMAR) 26.16.01. I certify that my ng accreditation as a Lead Paint Inspection Contractor; I certify that any and all L actor cease to perform lead paint inspection services. I certify that work perform -8 and COMAR 26.16.01 through 26.16.05	company and its inused inspectio
k below if it applies to the applicant.			
tate or Local government, for use on behalf of, as governm	ent employee.		
		ATOT	L FEE = \$15
gree to the statement above.		Today's Date 10	/23/2021 03:44
	Save Applicat	ion Continue	

Local Government employee' option.

Stat	e or Local government, for use on behalf of,	as government employee.	TOTAL FEE = \$0
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Applications' page	where all accreditation a		• ,
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Accreditation 1	Accreditation 11 Category	Employer/Contractor	Fee Waiver 11 Claimed	Waiver ↓↑ Type	Created 11 Date	j↑ Status	Status 11 Date	View/Edit
ndividual Accreditations	Inspector Technician(IT)	Silver Spring Associates	Yes	Government Entity	10/19/2021	Draft	10/19/2021	
Accreditation I Application Type	Accreditation Category	Employer/Contractor Name	Fee If Waiver Claimed	↓† Waiver Type	Lî Created Date	ال Status	lî Status Date	View/Edit
Individual Accreditations	Inspector Technician(IT)	Silver Spring Associates	Yes	Government Entity	10/19/2021	Submitted	10/19/2021	0
applicat	ion will thro Continue' or p to continu	,	idation er latory field u sure? us this application! Yes, please! ed.	ror - ds are po	Validati Vour admowledgeme OK pulated.	on! ti is required. Re-cor	nfirm fro	m the
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PAYMENT SUC		
hanks for payment and	d see the below payment details.	
LRCA Reference ID:	0042904331	
Received:	10/17/2021 6:03:40 PM	
Amount:	\$125.00	
Transaction Type:	Authorization and Capture	
Payment Transaction ID:	2722465	
Card Information:	Visa Test Card 41********1111	
Billing Address:	512 Henne Dr., OWINGS MILLS, MD, United States - 21117	

### Set-9: Steps

- > 'Payment Successful' page is displayed with transaction details.
- Click on 'My Application' to view the application status
- > Application status will be changed from 'Draft' to 'Submitted'.
- Click on the green icon to view the submitted application. This screen can be used to view any messages from MDE while processing the application.

Accreditation 🥼	11	11	Fee ↓↑	11	11	11	11	
Application Type	Accreditation Category	Employer/Contractor Name	Waiver Claimed	Waiver Type	Created Date	Status	Status Date	View/Edit
Individual Accreditations	Inspector Technician(IT)	Silver Spring Associates	Yes	Government Entity	10/19/2021	Submitted	10/19/2021	•

## Set-10: Steps

Click on 'Processing' blue box to view any messages from MDE while processing the application ro tp upload any additional documents upon request.

