

## INSTRUCTIONS FOR COMPLETING “APPLICATION FOR RECIPROCAL LEAD PERMIT”

Before completing and submitting the application, please read the following directions carefully. Failure to follow these directions could result in the delay or denial of your application for a permit.

### ABBREVIATIONS / SECTIONS TO COMPLETE

|   |  |
|---|--|
| <b>WHPB:</b> Worker for Housing & Public Buildings<br>(Complete Sections 1 through 4, 8, 9.)            | <b>SHPB:</b> Supervisors for Housing & Public Buildings<br>(Complete Sections 1 through 5, 8, 9.)              |
| <b>IRA:</b> Inspector/Risk Assessor (combined in NJ)<br>(Complete Sections 1 through 4, 6, 8, 9.)       | <b>PPD:</b> Planner/Project Designer<br>(Complete Sections 1 through 4, 8, 9.)                                 |
| <b>WCBS:</b> Worker for Commercial Building & Superstructures<br>(Complete Sections 1 through 3, 8, 9.) | <b>SCBS:</b> Supervisor for Commercial Building & Superstructures<br>(Complete Sections 1 through 3, 7, 8, 9.) |

### **General**

- Application must be typewritten or neatly and legibly printed in ink. Complete the application per the instructions below. When done, mail the application (with any required attachments) to the address indicated at the top of the application.
- Applications which are pending (incomplete) for more than one (1) year will be rejected.
- Applications which have not included the correct application fee or contain no proof of the appropriate training will be returned.

### **Application Fee, Type and Discipline**

- **Fee:** Applicant must include proper payment with the application. See information regarding payments.
- **Initial Application:** If you have never had a New Jersey permit (for this discipline) or you had a permit (for this discipline) and it has expired more than 90 days ago.
- **Renewal Application:** If you have a New Jersey permit (for this discipline) and your permit has either not expired or has not been expired for more than 90 days. Note: Supervisors for Commercial Buildings and Superstructures applicants who have allowed their permit to lapse more than 90 days will be required to re-take the NJ State third-party examination.
- **Discipline:** Check the discipline for which you are applying. Check no more than one discipline per application.

### **Social Security Number**

- Pursuant to the Privacy Act, 5 U.S.C. 552a, the disclosure of social security numbers is voluntary.
- The use of social security numbers is for statistical purposes only.

### **Telephone Numbers and Email Address**

- Should questions arise during the review of your application, it is necessary that you provide a means by which we can contact you regarding your application. Failure to do so can result in unnecessary delays in approving your application.

### **Applicant's History of Legal Actions**

- If you check “Yes” to any of these items you **MUST** provide a detailed explanation to fully explain the circumstances.

### **Attachments**

#### **Payment**

- All applications **MUST** include payment. Application fees are non-refundable. No liability shall be assumed by the Department for the loss or delay in transmission of the application fee.
- Two ways to pay:
  - Certified Check or Money Order (no cash or personal checks):  
Must be made payable to the “N. J. Department of Health” in the amount indicated on the application.
  - E-payment:  
Go to <http://www.nj.gov/health/eohap/epayments.shtml>.  
A copy of payment confirmation must be included with application.

#### **Photograph**

- Applicants must include a passport-sized (approximately 2” x 2”) color photograph of the applicant with the applicant's face not being less than three-quarters of an inch wide. Must have white, uncluttered background, with no hat, glasses or anything that disguises overall facial features. Applicant's name must be clearly printed on the back. Please do not staple the photo. If you want to paperclip it to the application, please turn it face down before doing so.

### **ADDITIONAL PHOTO REQUIREMENTS**

- Photo must be recent; cannot use a photo previously submitted.
- No glasses, hat or other head covering.
- Full front face.
- White background; no clutter.
- Must be of good quality, not pixilated, out of focus or discolored.
- Cannot wear anything that would disguise features.

**INSTRUCTIONS FOR COMPLETING THE “APPLICATION FOR RECIPROCAL LEAD PERMIT”  
(Continued)**

| TYPE                                 | INITIAL APPLICANTS   | RENEWAL APPLICANTS   |
|--------------------------------------|--|--|
| WHPB                                 | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than two (2) years old, must also provide clear, notarized copy of most recent refresher training (no more than 1 year old).</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/ license(s) from another state.</p>   | <p><u>Must</u> provide a clear notarized copy of refresher training.</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/license(s) from another state.</p>  |
| SHPB                                 | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than two (2) years old, must also provide clear notarized copy of most recent refresher training (no more than 1 year old).</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/ license(s) from another state.</p> <hr/> <p>Proof of one (1) year of experience as a lead abatement worker.</p> <hr/> <p>Proof of two (2) years of experience in a related field or construction trades.</p>  | <p><u>Must</u> provide a clear notarized copy of refresher training.</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/license(s) from another state.</p>  |
| IRA                                  | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than 2 years old, must also provide clear notarized copy of most recent refresher training (no more than 1 year old).</p> <hr/> <p>Clear notarized photocopy of your currently valid Inspector/Risk Assessor or Risk Assessor certification /permit/license(s) from another state.</p> <hr/> <p>Proof of one (1) year experience in a related field (i.e., asbestos, lead, environmental remediation work, construction-related health and safety inspections, etc.).</p> <hr/> <p>Proof of one of the following:</p> <ul style="list-style-type: none"> <li>• Bachelor’s degree and one (1) additional year of related experience.</li> <li>• Certification as a sanitary inspector-grade 1, health officer, industrial hygienist, engineer, registered architect, or environmentally-related scientific field.</li> <li>• A high school diploma (or equivalent) and at least two (2) years of additional experience in a related field.</li> </ul> | <p><u>Must</u> provide a clear notarized copy of refresher training.</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/license(s) from another state.</p>  |
| PPD                                  | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than two (2) years old, must also provide clear notarized copy of most recent refresher training (no more than 1 year old).</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/ license(s) from another state.</p>  | <p><u>Must</u> provide a clear notarized copy of refresher training.</p> <hr/> <p>Clear notarized photocopy of your currently valid certification/permit/license(s) from another state.</p>  |
| <b>WHPB<br/>SHPB<br/>IRA<br/>PPD</b> | <p align="center"><b>ATTENTION: New York State WHPB, SHPB, IRA and PPD Applicants</b></p> <p>If an applicant wishes to use a NYS certification issued after July 2014 to acquire a NJ lead permit, a <i>Verification of Lead Licensure Status (EHS-46)</i> form must be completed. The applicant must complete Section 1, and then they must send the form to the NYS licensing agency (USEPA). The USEPA will complete Section 2 and submit the form to our office. This office <u>will not</u> accept <i>EHS-46</i> forms submitted directly to us by the applicant; the form <u>must</u> be submitted by the licensing agency. Applicants with NYS certification (issued after the above date) will not be approved without a completed <i>EHS-46</i> form.</p>   |  |
| WCBS                                 | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than 2 years old, must also provide clear notarized copy of most recent refresher training (no more than 1 year old).</p> <hr/> <p><u>Must provide</u> copy of course outline(s) which indicates time spent on each topic and a letter from training provider (on the training provider’s letterhead) indicating applicant’s score on course exam(s).</p>  | <p><u>Must</u> provide a clear notarized copy of refresher training.</p> <hr/> <p><u>Must provide</u> copy of course outline(s) which indicates time spent on each topic and a letter from training provider (on the training provider’s letterhead) indicating applicant’s score on course exam(s).</p> |
| SCBS                                 | <p><u>Must</u> provide a clear notarized copy of initial training.<br/><b>Note:</b> If initial training is more than two (2) years old, must also provide clear notarized copy of most recent refresher training (no more than 1 year old). <b>For applicants who have taken training other than the Society for Protective Coatings (SSPC) training:</b> <u>Must provide</u> copy of course outline(s) which indicates the amount of time spent on each topic and a letter from the training provider (on provider’s letterhead) indicating the applicant’s score.</p> <hr/> <p>Must provide proof of two (2) years experience in commercial or industrial painting.</p> <hr/> <p>Must provide proof of 90 days of experience in field supervision or management in hazardous paint removal within the previous 24 months.</p> <hr/> <p>Passing 3rd party exam score report (paperwork will be issued to take exam after application is approved). Must be submitted upon passing exam.</p>   | <p><u>Must</u> provide a clear notarized copy of refresher training.</p>   |



**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 372  
Trenton, NJ 08625-0372  
609-826-4950**

| FOR NJDOH USE ONLY  |           |
|---|-----------|
| Transmittal No.: LT-  |           |
| Date Received:        /        /                                |           |
| <input type="checkbox"/> Check <input type="checkbox"/> MO No.: |           |
| Amount: \$  | Initials: |

**APPLICATION FOR RECIPROCAL LEAD PERMIT**

*Please type or print legibly in ink. Mail the original application, education and experience documents (see directions), passport photo (see directions), and a certified check or money order (personal checks and cash will not be accepted) to the above address. Checks should be made payable to the "New Jersey Department of Health." The application fee is non-refundable. Any applications pending in excess of one year will be rejected. If you have any questions, call the NJDOH at the above number.*

| SECTION 1. APPLICATION FEE, TYPE AND DISCIPLINE  |  |   |  |   |
|--|--|---|--|---|
| <b>Application Type:</b>   |  | <b>Discipline:</b>  |  |   |
| A <input type="checkbox"/> Initial   |  | A <input type="checkbox"/> Worker-Housing and Public Buildings ..... \$80   |  |   |
| B <input type="checkbox"/> Renewal   |  | B <input type="checkbox"/> Supervisor-Housing and Public Buildings ..... \$150  |  |   |
|  |  | C <input type="checkbox"/> Inspector/Risk Assessor ..... \$150  |  |   |
|  |  | D <input type="checkbox"/> Planner/Project Designer ..... \$200   |  |   |
|  |  | E <input type="checkbox"/> Worker-Commercial Buildings and Superstructures ..... \$80   |  |   |
|  |  | F <input type="checkbox"/> Supervisor-Commercial Buildings and Superstructures ..... \$150  |  |   |
| SECTION 2. GENERAL APPLICANT INFORMATION   |  |   |  |   |
| Last Name  |  | First Name  | M. I.  | Social Security Number (see instructions)<br>_____ - ____ - _____ |
| Street Address   |  |   | Home Telephone Number<br>(     )                                     |   |
| City   | State  | Zip Code  | Daytime Telephone Number<br>(     )                                  |   |
| Date of Birth<br>___/___/___   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |   | Email Address (if you have one)                                      |   |
| Name of Current Employer   |  |   | Employer Telephone Number<br>(     )                                 |   |
| Address of Current Employer  |  |   |  |   |
| Race (Check one)   |  |   |  |   |
| 1 <input type="checkbox"/> White, Non-Hispanic   | 2 <input type="checkbox"/> Black, Non-Hispanic                       | 3 <input type="checkbox"/> Hispanic/Latino  | 4 <input type="checkbox"/> Brazilian                                 |   |
| 5 <input type="checkbox"/> Asian/Pacific Islander  | 6 <input type="checkbox"/> Am. Indian/ Alaskan Native                | 7 <input type="checkbox"/> Other (Specify): _____   |  |   |
| Highest Level of Education (Check one)   |  |   |  |   |
| A <input type="checkbox"/> Some High School  | C <input type="checkbox"/> Vocational/Technical School               | E <input type="checkbox"/> Associates Degree  | G <input type="checkbox"/> Masters Degree                            |   |
| B <input type="checkbox"/> High School or Equivalent   | D <input type="checkbox"/> Some College                              | F <input type="checkbox"/> Bachelors Degree   | H <input type="checkbox"/> Doctorate Degree                          |   |
| Height<br>_____ Feet    _____ Inches   |  | Are there any children 6 years or younger in your household?<br><input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes: There are: _____ children 6 years or younger. |  |   |
| Weight<br>_____ Pounds   |  | Has applicant's name changed within the past 2 years?<br><input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes: Former Name: _____                                   |  |   |
| SECTION 3. APPLICANT'S TRAINING FROM ANOTHER STATE   |  |   |  |   |
| (Complete below information on your out-of-state training. A clear, notarized copy of the certificate of training must be attached.) |  |   |  |   |
| Name of Training Agency  |  | Training Agency Address and Telephone Number  |  |   |
| Type of Training (Check One)<br><input type="checkbox"/> Initial <input type="checkbox"/> Refresher                                  | Date(s) of Training  | Total Training Hours  | Written Course Exam Score  | Hands on Exam Score   |
| SECTION 4. APPLICANT'S CURRENTLY VALID CERTIFICATION / PERMIT / LICENSE FROM ANOTHER STATE   |  |   |  |   |
| (A clear, notarized copy of the certification/permit/license listed below <u>MUST</u> be attached.)                                  |  |   |  |   |
| Certifying State   |  | Certification/Permit/License Number   | Certificate/Permit/License Expiration Date (must be currently valid) |   |

**APPLICATION FOR RECIPROCAL LEAD PERMIT  
(Continued)**

|           |            |       |   |
|-----------|------------|-------|---|
| Last Name | First Name | M. I. | Social Security Number <i>(see instructions)</i><br>_ _ _ - _ _ - _ _ _ |
|-----------|------------|-------|---|

**SECTION 5. SUPERVISORS FOR HOUSING AND PUBLIC BUILDINGS EDUCATION AND EXPERIENCE**  
*(Applicants for Supervisor for Housing and Public Buildings permit shall provide proof of all the following:)*

**1. Proof of one (1) year of experience as a lead abatement worker.**

|   |                     |                                      |
|---|---------------------|--------------------------------------|
| Name of Employer                            |                     | Employer Telephone Number<br>(     ) |
| Address of Employer                         |                     |                                      |
| Related Certifications (attach photocopies) |                     | Your Title while Employed            |
| Employment Dates <i>(Required)</i>          | Description of Work |                                      |

**2. Proof of two (2) years of experience in a related field or construction trades.**

|   |                     |                                      |
|---|---------------------|--------------------------------------|
| Name of Employer                            |                     | Employer Telephone Number<br>(     ) |
| Address of Employer                         |                     |                                      |
| Related Certifications (attach photocopies) |                     | Your Title while Employed            |
| Employment Dates <i>(Required)</i>          | Description of Work |                                      |

**SECTION 6. INSPECTOR/RISK ASSESSOR EDUCATION AND EXPERIENCE**  
*(Applicants for Inspector/Risk Assessor permit shall provide proof of all the following:)*

**1. One (1) year experience in a related field (i.e., asbestos, lead, environmental remediation work, construction-related health and safety inspections, etc.)**

|   |                     |                                      |
|---|---------------------|--------------------------------------|
| Name of Employer                            |                     | Employer Telephone Number<br>(     ) |
| Address of Employer                         |                     |                                      |
| Related Certifications (attach photocopies) |                     | Your Title while Employed            |
| Employment Dates <i>(Required)</i>          | Description of Work |                                      |

**2. Check one (1) of the following and complete the supporting information below:**

- Bachelor's degree and one (1) additional year of related experience.
- Certification as sanitary inspector-grade 1, health officer, industrial hygienist, architect, related environmental field.
- High School diploma (or equivalent) and two (2) additional years of related experience.

|   |                     |                                      |
|---|---------------------|--------------------------------------|
| Name of Employer                            |                     | Employer Telephone Number<br>(     ) |
| Address of Employer                         |                     |                                      |
| Related Certifications (attach photocopies) |                     | Your Title while Employed            |
| Employment Dates <i>(Required)</i>          | Description of Work |                                      |

**APPLICATION FOR RECIPROCAL LEAD PERMIT  
(Continued)**

|           |            |       |   |
|-----------|------------|-------|---|
| Last Name | First Name | M. I. | Social Security Number <i>(see instructions)</i><br>_____ - _____ - _____ |
|-----------|------------|-------|---|

**SECTION 7. SUPERVISORS FOR COMMERCIAL BUILDINGS AND SUPERSTRUCTURES EDUCATION AND EXPERIENCE**  
*(Applicants for Supervisor for Commercial Buildings and Superstructures permit shall provide proof of all of the following.)*

**1. Two (2) years of experience in commercial or industrial painting.**

|   |                                       |
|---|---------------------------------------|
| Name of Employer                            | Employer Telephone Number<br>(      ) |
| Address of Employer                         |                                       |
| Related Certifications (attach photocopies) | Your Title while Employed             |
| Employment Dates <i>(Required)</i>          | Description of Work                   |

**2. Ninety (90) days experience in field supervision or management in hazardous paint removal within the previous 24 months.**

|   |                                       |
|---|---------------------------------------|
| Name of Employer                            | Employer Telephone Number<br>(      ) |
| Address of Employer                         |                                       |
| Related Certifications (attach photocopies) | Your Title while Employed             |
| Employment Dates <i>(Required)</i>          | Description of Work                   |

**3. Experience demonstrating knowledge of relevant safety practices, waste handling procedures and or environmental monitoring.**

|   |                                       |
|---|---------------------------------------|
| Name of Employer                            | Employer Telephone Number<br>(      ) |
| Address of Employer                         |                                       |
| Related Certifications (attach photocopies) | Your Title while Employed             |
| Employment Dates <i>(Required)</i>          | Description of Work                   |

**SECTION 8. APPLICANT HISTORY OF LEGAL ACTIONS**

*If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.*

In relation to environmentally-related work activities conducted in any state, has/is the applicant, identified in Section 2 above:

Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDOH? .....  Yes     No

Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? .....  Yes     No

**SECTION 9. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Application for Reciprocal Lead Permit" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I also understand that completion of this application does not guarantee certification to conduct lead-based paint activities in New Jersey.

|                                 |      |
|---------------------------------|------|
| <b>Signature of Applicant:*</b> | Date |
|---------------------------------|------|

*\* Please sign clearly with a black pen. Keep signature inside the box above.*