

INSTRUCTIONS FOR COMPLETING THE “APPLICATION FOR LEAD PERMIT – INSPECTOR / RISK ASSESSOR

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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.

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 payment of \$150 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.

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

Training

- Proof of appropriate training, no more than one (1) year old, must be included with the application.

Application Education and Experience

Initial applicants must provide documentation* as follows:

- Proof of at least one (1) year of experience in a related field (for example: asbestos, lead, environmental remediation work, construction-related health and safety inspections, etc.) AND one (1) of the following:
 - A bachelor's degree and one (1) additional year of experience in a related field; or
 - Certification as a sanitary inspector-grade 1, a health officer, an industrial hygienist, an engineer, a registered architect, or in an environmentally-related scientific field (such as environmental scientist); or
 - A high school diploma (or equivalent) and at least two (2) years of experience in a related field.
- Score report issued by Pearson Vue indicating that the applicant has passed third-party state Inspector/Risk Assessor exam.

**Acceptable documentation includes the following:*

- *High school diploma (or equivalent);*
- *college degree;*
- *resumes, letters of reference, proof of certification in another state, documentation of work experience and copies of inspection reports;*
- *certificates from training courses or professional development courses;*
- *a signed, notarized statement by the applicant that the individual meets the applicable qualifications.*

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/payments.html>. 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 and ID Number (from permit) or control number (from top right corner of pink EHS-9 form) must be clearly printed on back of photo.

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

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**APPLICATION FOR LEAD PERMIT
INSPECTOR / RISK ASSESSOR**

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

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. Initial applicants must submit a completed application within one year of completing their training. Renewal applicants must submit their application during the 90-calendar day period prior to or the 90-calendar day period after their previous permit's expiration. Any applications pending in excess of one year will be rejected. If you have any questions, call the NJDOH at the above number.

1. APPLICATION FEE, TYPE AND DISCIPLINE					
Fee: \$150.00	Application Type (Check one): A <input type="checkbox"/> Initial B <input type="checkbox"/> Renewal		Discipline C Inspector / Risk Assessor		
Date(s) of Most Recent Inspector/Risk Assessor Training		Name of Training Agency			
2. GENERAL APPLICANT INFORMATION					
Last Name		First Name	M. I.	Social Security Number (see instructions) _____ - _____ - _____	
Street Address			Home Telephone Number ()		
City	State	Zip Code	Daytime Telephone Number ()		
Date of Birth ___ / ___ / ___		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address (if you have one)		
Name of Current Employer			Employer Telephone Number ()		
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	
5 <input type="checkbox"/> Asian/Pacific Islander		6 <input type="checkbox"/> Am. Indian/ Alaskan Native		4 <input type="checkbox"/> Brazilian	
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	
B <input type="checkbox"/> High School or Equivalent		D <input type="checkbox"/> Some College		G <input type="checkbox"/> Masters Degree	
F <input type="checkbox"/> Bachelors Degree H <input type="checkbox"/> Doctorate Degree					
Height _____ Feet _____ Inches		Are there any children 6 years or younger in your household? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: There are: _____ children 6 years or younger.			
Weight _____ Pounds		Has applicant's name changed within the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Former Name: _____ If Yes, you must include legal documentation of the name change.			
3. APPLICANT EDUCATION AND EXPERIENCE (See directions. Use additional sheet if necessary.)					
1	Check type of experience for this entry: <input type="checkbox"/> One year experience in a related field <input type="checkbox"/> Additional education and/or experience (see Items 1-3 above)				
	Name and Location of School	Dates Attended	Date Graduated	Degree Received	
	Name of Employer		Your Title while Employed		
	Address of Employer			Employer Telephone Number ()	
	Related Certifications (attach photocopies)	Employment Dates (Required)	Description of Work		

APPLICATION FOR LEAD PERMIT - INSPECTOR/RISK ASSESSOR (Continued)

Last Name	First Name	M. I.
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3. APPLICANT EDUCATION AND EXPERIENCE, Continued

2	Check type of experience for this entry: <input type="checkbox"/> One year experience in a related field <input type="checkbox"/> Additional education and/or experience (see Items 1-3 above)				
	Name and Location of School	Dates Attended	Date Graduated	Degree Received	Major
	Name of Employer		Your Title while Employed		
	Address of Employer			Employer Telephone Number ()	
	Related Certifications (attach photocopies)	Employment Dates (Required)	Description of Work		

3	Check type of experience for this entry: <input type="checkbox"/> One year experience in a related field <input type="checkbox"/> Additional education and/or experience (see Items 1-3 above)				
	Name and Location of School	Dates Attended	Date Graduated	Degree Received	Major
	Name of Employer		Your Title while Employed		
	Address of Employer			Employer Telephone Number ()	
	Related Certifications (attach photocopies)	Employment Dates (Required)	Description of Work		

4	Check type of experience for this entry: <input type="checkbox"/> One year experience in a related field <input type="checkbox"/> Additional education and/or experience (see Items 1-3 above)				
	Name and Location of School	Dates Attended	Date Graduated	Degree Received	Major
	Name of Employer		Your Title while Employed		
	Address of Employer			Employer Telephone Number ()	
	Related Certifications (attach photocopies)	Employment Dates (Required)	Description of Work		

4. APPLICANT HISTORY OF LEGAL ACTIONS

If you answer "Yes" to either 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

5. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Application for 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 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 understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I understand that completion of this application does not guarantee certification to conduct lead-based paint activities in New Jersey.

Signature of Applicant:*		Date
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