

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Environmental and Occupational Health Assessment Program  
 PO Box 372  
 Trenton, NJ 08625-0372  
 Telephone: 609-826-4950 / Fax: 609-826-4975

**REQUEST FOR RECIPROCITY  
 VERIFICATION OF LEAD LICENSURE STATUS WITH NEW YORK STATE**

**Directions:** Applicants using New York State (NYS) certification issued after July, 2014 to apply for a New Jersey lead permit must complete Section I of this form and submit the form to their NYS licensing office for completion. The licensing agency must complete Section II of this form. The completed form can either be faxed or mailed to our office by the licensing agency.

**Please note:**

- This office will not accept Request for Reciprocity forms submitted directly to us by the applicant. This form must be submitted by licensing agency.
- Reciprocity applications will not be approved without a completed Request for Reciprocity form.
- Out-of-state certifications must be currently valid.

**Fax the completed form to the EPA at 732-321-6757 or call them at 732-321-4374.**

SECTION I - TO BE COMPLETED BY APPLICANT			
Name (Last Name, First Name)		Out of State ID No. (if applicable)	Date of Birth
Discipline(s) applying for (check all that apply)			
<input type="checkbox"/> Lead Worker for Housing and Public Buildings		<input type="checkbox"/> Lead Inspector/Risk Assessor*	
<input type="checkbox"/> Lead Supervisor for Housing and Public Buildings		<input type="checkbox"/> Lead Planner/Project Designer	
*Applicants must have a currently valid Lead Inspector/Risk Assessor or Lead Risk Assessor certification from another EPA-authorized state in order to be eligible to apply for the Inspector/Risk Assessor certification in NJ.			
Current Address		City	State      Zip Code
Daytime Telephone Number	Alternate Telephone Number	E-mail Address	
<b>Permission for Release of Information</b>			
I hereby give my permission to the Lead licensing office of the State of New York to release my information to the New Jersey Department of Health for purposes of obtaining a New Jersey Lead permit.			
Signature		Date	
SECTION II - MUST BE COMPLETED BY OUT-OF-STATE LEAD LICENSING AGENCY			
The individual indicated above wishes to apply via reciprocity for New Jersey lead certification. Please provide the following information and return the completed form to the New Jersey Department of Health at the above address or fax number.			
Name and Address of Licensing Agency		Telephone Number	
		Fax Number	
APPLICANT LICENSING INFORMATION			
DISCIPLINE	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE
Does this individual have any pending /outstanding penalty actions against them? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe nature of pending/outstanding penalty actions:			
Name of Licensing Representative (Print)		Title	Signature      Date