



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
Air Pollution Control Division
APPLICATION FOR LEAD-BASED PAINT CERTIFICATION for Individuals

Submit form to: Colorado Dept. of Public Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

Please type or print. Instructions are on reverse side.

PART I - Personal Information (for identification card/certificate)

Name
Address
City State Zip
Work Phone Home Phone
E-Mail
Eye Color Height
Hair Color Weight
Date of Birth SSN
For Re-certification or if you have been certified in Colorado before:
Colorado Cert. #

I authorize CDPHE to include my name, address, and work phone number, shown above, in resources that CDPHE provides to the public, including its web site. If NOT, DO NOT check.

I am a U.S. Citizen* Legal Alien * * Proof required. See reverse side.

PART II - Type of Certificate Requested (check one)

Table with 7 columns: Certificate Type, Initial Certification (1 Year Fee, 2 Year Fee, 3 Year Fee), Recertification (1 Year Fee, 2 Year Fee, 3 Year Fee). Rows include Lead Inspector, Lead Inspector/Risk Assessor, Risk Assessor, Worker, Supervisor, and Project Designer.

PART III - Please Check the Appropriate Box:

- New Applicant/First time applicant to Colorado
New certification type; I have applied before
Re-certification
Replacement identification card/certificate \$25.00 fee code [499]

For APCD Use Only
Date Received
APCD Tracking #

WE CANNOT ACCEPT CASH
FEE ENCLOSED \$
Please make checks or money orders payable to: CDPHE

PART IV - Attachments

Please see instructions on page 2 in regard to training certificates. Original documents will be returned to you. Attach a clean copy of verifiable government photo identification at the time of application. Supervisors and Risk Assessors may have additional documentation requirements.

I certify that all statements made in this application are, to the best of my knowledge, correct and complete. (Note: Providing false statements on this application or providing fraudulent identification constitutes second degree perjury as defined by §18-8-503, C.R.S., and is punishable by law.)

- Please hold my certification documents for pickup. Please mail my certification documents.

Signature

Date

APPLICATION INSTRUCTIONS

WHO MUST APPLY: All persons who wish to perform lead-based paint activities in the State of Colorado must be certified. Certification is required under Colorado law (§25-7-1101 et seq., C.R.S.). Certification must be renewed according to Colorado regulations.

FEES: All certifications require a fee of varying amounts. Please see page 1 of the application form for specific information. Applications submitted without fees will be returned to the applicant. **Checks or money orders should be made payable to: Colorado Department of Public Health and Environment or CDPHE. DO NOT SEND CASH.**

INSTRUCTIONS FOR COMPLETING THE FORM

PART I: Place the appropriate information in the spaces provided. “SSN” refers to the applicant’s Social Security Number. Under §25-1-125, C.R.S., you must provide your full SSN for certification application. It is not made available to the public in any way.

You are required to show proof that you are either a U.S. Citizen or national or are allowed to work in the United States:

- * If you are a U.S. citizen, you need to show proof of citizenship only once as a first-time applicant. The following forms are proof of citizenship: Birth Certificate issued by a state or federal entity, U.S. Passport, a Certificate of Naturalization, or a Certificate of Citizenship. Hospital birth certificates do not meet the requirements of §§24-72.1-101, C.R.S. Photocopies of the above documents are **NOT** allowed.
- * If you are not a U.S. citizen, valid documentation issued by the U.S. Citizenship and Immigration Services is required with each new application. The following forms will be accepted: Resident Alien Card, Temporary Residence-Work Authorized, or Employment Authorization Card.

PART II: Mark the type of certificate you are applying for. Also mark whether you are applying for a 1-year, 2-year or 3-year certification.

PART III: Mark the appropriate box. An applicant requesting a replacement card/certificate must complete the entire form.

PART IV: For first time applicants, attach the original of **ALL** training certificates, including the initial training certificate and all subsequent refresher training certificate(s). **Risk Assessors, Supervisors, and Project Designers must also include documentation of experience and/or education, as stipulated in section III.B. of Regulation No. 19, Part A. For re-certification,** please include the original of any training certificate(s) earned since the date of your **latest Colorado** certificate. The original certificates will be returned to you.

Applicants must sign and date the application. Unsigned applications will be returned to the applicant. Questions/problems? Call (303) 692-3158.

Applications may be mailed or hand-delivered to::

Mail to:	Deliver to:
Colorado Department of Public Health and Environment Certification Coordinator APCD-IE-B1 4300 Cherry Creek Drive South Denver, CO 80246-1530	Colorado Department of Public Health and Environment 700 South Ash Street Denver, CO Southwest Door, Sign over door says “Air Pollution Control Division” “Asbestos Unit and Air Permits”

This form may be photocopied and is also available at <http://www.cdphe.state.co.us/ap/leadforms.html>