



# INDIVIDUAL LEAD LICENSE APPLICATION

## HOW TO APPLY

- A. Fill in this form with black or blue ink only. A separate form must be submitted for each license. **Allow 2-4 weeks for processing.**
- B. Include a passport quality photographic image of yourself.
- C. Include a business check, cashier's check or money order made payable to the Minnesota Department of Health (MDH). **No cash or personal checks accepted. A service fee is charged for returned checks.**
  - 1. **Fees are nonrefundable**
    - a. \$100 for Risk Assessor or Project Designer
    - b. \$50 for Worker, Supervisor or Inspector
    - c. \$25 for a duplicate license
- D. Out-of-state applicants must also include
  - 1. a copy of the applicant's original initial training course diploma or a copy of the current lead license from the state that the applicant is licensed in; and
  - 2. a copy of the applicant's original diploma from the most current Minnesota lead refresher training course.
- E. Mail to
  - Minnesota Department of Health
  - Asbestos/Lead Compliance Unit
  - PO Box 64497
  - St Paul, MN 55164-0497

Questions? Call 651-201-4620 or visit the [MDH website \(www.health.state.mn.us/lead\)](http://www.health.state.mn.us/lead).

**IMPORTANT:** MDH Lead Licensing **DOES NOT** fulfill the US EPA's Renovation, Repair and Painting (RRP) Rule.

## LICENSING INFORMATION

- 1. Check one of the following application types
  - Initial License
  - Renewal License
  - Duplicate License
- 2. Check one of the following licenses
  - Worker
  - Supervisor
  - Inspector
  - Risk Assessor
  - Project Designer

## APPLICANT'S INFORMATION

- 3. Name \_\_\_\_\_  

Last
First
Middle Initial
- 4. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      5. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Required by MN Statutes, §270C.72 mm/dd/yyyy
- 6. Street Address \_\_\_\_\_
- 7. City \_\_\_\_\_      8. State \_\_\_\_\_      9. Zip \_\_\_\_\_
- 10. County \_\_\_\_\_      11. Phone # ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_
- 12. Training Course Diploma Number \_\_\_\_\_
- 13. Training Course Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

**14. Applies *only* to initial licensing for supervisor, risk assessor, or project designer. Check *one* of the items in the appropriate discipline section below**

**Supervisor license** (Check one)

- 1 year of experience as a licensed lead worker; or
- 1 year of experience in the childhood lead poisoning prevention program of a government agency; or
- 2 years experience in other environmental remediation, or general construction.

**Risk Assessor license** (Check one)

- high school diploma/GED **and** 3 years of experience in regulated lead work, asbestos abatement, environmental remediation, general construction, or in the childhood lead poisoning prevention program of a government agency; or
- bachelor's degree **and** 1 year of experience in regulated lead work, asbestos abatement, environmental remediation, general construction, or in the childhood lead poisoning prevention program of a government agency; or
- associate's degree **and** 2 years of experience in regulated lead work, asbestos abatement, environmental remediation, general construction, or in the childhood lead poisoning prevention program of a government agency; or
- designation as a certified industrial hygienist, registered professional engineer, registered architect, certified safety professional, or registered public health sanitarian.

**Project Designer license** (Check one)

- bachelor's degree in engineering, architecture, or an environmental or safety discipline **and** 1 year of experience in building construction, design, or a related field; or
- designation as a registered architect, registered professional engineer, certified industrial hygienist, certified safety professional, or a certified asbestos project designer; or
- 2 years of work experience in regulated lead work, asbestos-related work, asbestos management activities, or other environmental remediation; or
- 4 years experience in building construction, design, or a related field.

**SIGNATURE**

I have provided true and complete information and I understand MDH's Tennesen Warning which is available by calling 651-201-4620 or from [MDH's website \(www.health.state.mn.us/divs/eh/asbestos/forms/comtenwarn.pdf\)](http://www.health.state.mn.us/divs/eh/asbestos/forms/comtenwarn.pdf). I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

To obtain a copy of this document in an accessible format (electronic ASCII text, Braille, large print, or audio) please call 651-201-4620.