LEAD SAMPLING TECHNICIAN REGISTRATION

HOW TO REGISTER

- Complete the registration form in black or blue ink only. Only originals will be accepted. **Allow 2-4 weeks for processing.**

- Include a copy of the Minnesota accredited lead sampling technician training course certificate. Do not send the original.

- Mail to: MN Department of Health, Asbestos/Lead Compliance Unit, PO Box 64975, St. Paul, MN 55164-0975. Questions? Call 651-201-4620 or visit our website at http://www.health.state.mn.us/lead.

REGISTRANT INFORMATION

1. Name _____
Last First Middle Initial

2. Address _____

3. City/State/Zip _____ 4. County _____

5. Phone # _____ 6. Social Security # _____
(Required by MN Statutes, §270.72)

BUSINESS INFORMATION

The business information will be listed on Minnesota Department of Health's web site for Lead Sampling Technician services. If this section is not completed, the Registrant Information will be used.

7. Check here if you do not want to be on the list _____

8. Company Name _____

9. Business Address _____

10. City/State/Zip _____ 11. County _____

12. Business Phone # _____ 13. Fax # _____

I declare that all the information I have provided is true and compete and that I have read and understand the department's Tennessen Warning. The Tennessen Warning is available by calling 651-201-4620 or from the department's website at http://www.health.state.mn.us/divs/eh/lead/prof/forms/index.html I understand that submitting false information is grounds for denying, or suspending, revoking or taking other disciplinary action against my registration as specified in Minnesota Statutes, section 144.992.

Registrant's Signature _____ Date _____

To obtain a copy of this document in an accessible format (electronic ASCII text, Braille, large print, or audio), please call 651-201-4620. Consumers with hearing or speech disabilities may reach us by calling MDH TTY at 651-201-5797.