

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
 Land Management Administration • Lead Poisoning Prevention Program  
 P.O. Box 1417 • Baltimore, Maryland 21203-1417  
 410-537-3825 • 1-800-633-6101 x3825 • <http://www.mde.state.md.us/lead>

**Lead Accreditation Application for SUPERVISOR, INSPECTOR, and RISK ASSESSOR**

*Make check or money order payable to: Maryland Department of the Environment. Mail application with fee to: MDE P.O. Box 1417, Baltimore, MD 21203-1417. Fees are non-refundable. Fees for state & local government employees are waived if exclusively providing the lead abatement serves on behalf of that government. Keep a copy of this application for your records. Incomplete or inaccurate applications may be delayed during processing. The application processing period is 30 days. Please print.*

New Applicant **OR**  Renewal Applicant, accreditation #: \_\_\_\_\_; expiration date \_\_\_\_\_

\_\_\_\_\_  
 Last Name                                      Suffix (i.e.: Sr., Jr., II)                                      First Name                                      Middle Name

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code                      Mailing address (if different then Street Address) City                      State                      Zip Code

\_\_\_\_\_  
 Telephone #                                      E-Mail Address                                      Date of Birth                                      Social Security #

Check only **ONE** of the following categories (2 year accreditation):

- Visual Inspector (VI)**
- \* **Inspector Technician (IT)** New applicants:  
 3<sup>rd</sup> party IT exam date: \_\_\_\_\_

- \* **Risk Assessor (RA)** New applicants:  
 3<sup>rd</sup> party RA exam date: \_\_\_\_\_  
 1 year minimum experience as a MD accredited IT: from: \_\_\_\_\_ to: \_\_\_\_\_; IT accreditation #: \_\_\_\_\_

Enclose a list of 20 addresses where XRF or paint chip sampling were performed **OR** a list of 5 addresses where XRF or paint chip sampling were performed **and** 15 addresses where lead dust inspections were performed. (Specify the type and date of each inspection.)

- Structural Steel Supervisor (S1)** New applicants:  
 2 years minimum of related experience: from: \_\_\_\_\_ to: \_\_\_\_\_; Employer's name: \_\_\_\_\_;  
 Description of work: \_\_\_\_\_

- \* **Removal & Demolition Supervisor (S2)** New applicants:  
 3<sup>rd</sup> party S2 exam date: \_\_\_\_\_  
 2 years minimum of related experience: from: \_\_\_\_\_ to: \_\_\_\_\_; Employer's name: \_\_\_\_\_;  
 Description of work: \_\_\_\_\_

- Maintenance & Repainting Supervisor (S4)** New applicants:  
 6 months minimum of related experience: from: \_\_\_\_\_ to: \_\_\_\_\_; Employer's name: \_\_\_\_\_;  
 Description of work: \_\_\_\_\_

**Complete the following Lead Paint Training Information relevant to the category applying.** List the latest course completed first:

Training card #: \_\_\_\_\_; Expiration date: \_\_\_\_\_; Name of Training provider: \_\_\_\_\_;  
 Course: \_\_\_\_\_; Course date(s), from: \_\_\_\_\_ to: \_\_\_\_\_;  
 Training card #: \_\_\_\_\_; Expiration date: \_\_\_\_\_; Name of Training provider: \_\_\_\_\_;  
 Course: \_\_\_\_\_; Course date(s), from: \_\_\_\_\_ to: \_\_\_\_\_.

**Please check one:** This accreditation will be used to work only on rental properties that I own or manage?  Yes **OR**  No  
**If no, please complete the following employer information. All inspectors and risk assessors need to be employed by an accredited inspection contractor.** You may apply as your own contractor. If the contractor is not accredited include the "Lead Contractor and Training Provider Accreditation application with this application.

\_\_\_\_\_  
 Lead Contractor Name                                      Contractor Accreditation # & Expiration Date (if applicable)

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code                      Contact Name                      Telephone #

I certify that I shall perform work practices according to COMAR 26.16.01 and/or 26.02.07. As per Environmental Article 1-203 of Maryland before any license or permit may be renewed, the issuing authority shall verify through the Office of the Comptroller that the applicant has no outstanding taxes or unemployment insurance contributions.

\_\_\_\_\_  
**Applicant's Signature** (original copy of signature is required)                                      **Date**