

LEAD PAINT INSTRUCTOR ACCREDITATION APPLICATION

I. Instructions

Mail application to: **MDE, Lead Poisoning Prevention Program, 1800 Washington Blvd., #630, Baltimore, MD 21230.** There is no fee for this Instructor application. **All Instructors must work for an accredited Maryland Lead Paint Training Provider.** Applicants are to meet the requirements in the Code of Maryland Regulations (COMAR) 26.16.01. Keep a copy of this application for your records. **Please allow 60 days for processing.** Incomplete or inaccurate applications may be delayed during processing. Verification or further information may be requested by MDE. Please print clearly.

II. General Applicant Information

| | | | | | | | |
|---|--|------------------------|------|------------------------------|-------|---------------------------------------|----------|
| Last Name | | Suffix (e.g. Sr., Jr.) | | Legal First Name | | Middle Name | |
| Street Address | | | City | | State | | Zip Code |
| Mailing Address (if different from above) | | | City | | State | | Zip Code |
| Telephone # | | Email | | Date of Birth _ / _ / _ _ | | Social Security Number _ - _ - _ _ | |

III. Training Provider Information

| | | | | | | | |
|---|--|-----------------------------|------|--------------|-------|-------------|----------|
| Full Name of Training Provider (required) | | Accreditation # (if exists) | | Contact Name | | Telephone # | |
| Street Address | | | City | | State | | Zip Code |

IV. Application Type

Check one:

- New Applicant (1 year accreditation)
- Renewal Applicant (1 year renewal)

Accreditation #: _____; Expiration date: _____

V. Instructor Categories

Use a separate application for each category applying for. Attach documentation pertaining to each application as required. New instructor must have no more than two years between trainings and are to submit course certificates.

| Check one: | New Initial Training Card #: | New Dates of Initial Training: | Renewal Latest Training Card #: | Renewal Dates of Latest Training: |
|---|------------------------------|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Risk Assessor (RA) | | | | |
| <input type="checkbox"/> Inspector Technician (IT) | | | | |
| <input type="checkbox"/> Visual Inspector (VI) | | | | |
| <input type="checkbox"/> Maintenance & Repainting Supervisor (S4) | | | | |
| <input type="checkbox"/> Removal & Demolition Supervisor (S2) | | | | |
| <input type="checkbox"/> Project Designer (PD) | | | | |
| <input type="checkbox"/> Abatement Worker (W2) | | | | |
| <input type="checkbox"/> Structural Steel Supervisor (S1) | | | | |
| <input type="checkbox"/> Structural Steel Worker (W1) | | | | |

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Applicant's name as listed on first page:

VI. Instructor Exam

This exam is required initially and at each renewal of accreditation. A 90% or higher grade is required to pass. Exams are given on the second Wednesday of every month at 9:30 a.m. at MDE in Baltimore.

Submit the application and register for the exam no less than 7 days in advance of the exam date.

Be sure to register for this exam and any other Instructor category exams together. If applying for multiple categories, only the superseding category exam will be required.

To register, call the Lead Program at 410-537-3825 (M-Th; 8-5).

VII. Experience

Complete or attach the following, as applicable:

New Instructors:

Attach a list of experience of onsite lead paint abatement projects which have been conducted in accordance with COMAR 26.02.07 or other lead paint abatement standards established by the Department (example: clearance testing).

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: No., Date, Address, Description of Experience.

New and Renewal Inspector Technician Instructors:

You must be currently accredited as Inspector Technician or Risk Assessor

Accreditation #: _____; Expiration date: _____

New Inspector Technician Instructors:

Attach a list that reflects 6 months of lead paint inspection work, using a portable XRF devices and relevant techniques.

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: No., Date, Address, Description of Experience.

VIII. Applicant Statement and Signature

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

As per Environment Article 1-203 and Family Law Article 10-119.3 of Maryland before any license or permit may be issued or renewed, the issuing authority shall verify through the Office of the Comptroller and the Maryland Child Support Enforcement Administration that the applicant has no outstanding taxes, unemployment insurance contributions or child support.

I certify that I shall follow Code of Maryland Regulations (COMAR) 26.16.01.

Applicant's Original Signature

Date

Before you mail your application, make sure that you have:

- Filled out all applicable sections of this application
- Provided all 9 digits of your SSN
- Provided all required documentation, as specified in Section VII
- Signed and dated the application
- Made a copy of your application for your files