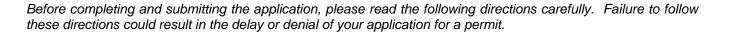
INSTRUCTIONS FOR COMPLETING THE "APPLICATION FOR LEAD PERMIT – WORKER-HOUSING AND PUBLIC BUILDINGS"



General

- Application must be typewritten or neatly and legibly printed in ink. Complete the application per the instructions below. When done, mail the application (with any required attachments) to the address indicated at the top of the application.
- Applications which are pending (incomplete) for more than one (1) year will be rejected.
- Applications which have not included the correct application fee or contain no proof of the appropriate training will be returned.

Application Fee, Type and Discipline

- <u>Fee</u>: Applicant must include payment of \$80 with the application. See information regarding payments.
- <u>Initial Application</u>: If you have never had a New Jersey permit (for this discipline) or you had a permit (for this discipline) and it has expired more than 90 days ago.
- <u>Renewal Application</u>: If you have a New Jersey permit (for this discipline) and your permit has either not expired or has not been expired for more than 90 days.

Social Security Number

- Pursuant to the Privacy Act, 5 U.S.C. 552a, the disclosure of social security numbers is voluntary.
- The use of social security numbers is for statistical purposes only.

Telephone Numbers and Email Address

 Should questions arise during the review of your application, it is necessary that you provide a means by which we can contact you regarding your application. Failure to do so can result in unnecessary delays in approving your application.

Applicant's History of Legal Actions

• If you check "Yes" to any of these items you <u>MUST</u> provide a detailed explanation to fully explain the circumstances.

Attachments

<u>Training</u>

• Proof of appropriate training, no more than one (1) year old, must be included with the application.

<u>Payment</u>

- All applications <u>MUST</u> include payment. Application fees are non-refundable. No liability shall be assumed by the Department for the loss or delay in transmission of the application fee.
- Two ways to pay:
 - <u>Certified Check or Money Order</u> (no cash or personal checks):

Must be made payable to the "N. J. Department of Health" in the amount indicated on the application.

• E-payment:

Go to <u>http://www.nj.gov/health/eohap/payments.</u> <u>html</u>. A copy of payment confirmation must be included with application.

Photograph

- Applicants must include a passport-sized (approximately 2" x 2") color photograph of the applicant with the applicant's face not being less than three-quarters of an inch wide. Must have white, uncluttered background, with no hat, glasses or anything that disguises overall facial features.
- Applicant's name and ID Number (from permit) or control number (from top right corner of pink EHS-9 form) must be clearly printed on back of photo.

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 372, Trenton, NJ 08625-0372 609-826-4950

APPLICATION FOR LEAD PERMIT WORKER-HOUSING AND PUBLIC BUILDINGS

FOR NJDOH USE ONLY								
Transmittal No.: LT-								
Date Received: /	/							
Check MO No.:								
Amount: \$	Initials:							

Please type or print legibly in ink. Mail the original application, education and experience documents (see directions), passport photo (see directions), and a <u>certified check or money order</u> (personal checks and cash will not be accepted) to the above address. Checks should be made payable to the "New Jersey Department of Health." The application fee is non-refundable. Initial applicants must submit a completed application within one year of completing their training. Renewal applicants must submit their application during the 90-calendar day period after their previous permit's expiration. Any applications pending in excess of one year will be rejected. If you have any questions, call the NJDOH at the above number.

1. APPLICATION FEE, TYPE AND DISCIPLINE									
Fee:	Application Type (Discipline					
\$80.00	A 🗌 Initial	B 🗌 Renewal		A Worker-Housing and Public Buildings					
Date(s) of Most Recent Worker-Housing and Public Buildings Training			Name of Training Agency						
2. GENERAL APPLICANT INFORMATION									
Last Name M. I.				Social Security Number (see instructions)					
				·					
Street Address					Home Telephone Number ()				
City	State		Zip Code		Daytime Telephone Number				
					()			
Date of Birth		Sex		mail Addr	ess (if you	have one)			
//		Male Female							
Name of Current Employer	Current Employer Address of Current Employer			Employer Telephone Number					
Dana (Ohaali ana)					()			
Race (Check one) 1 White, Non-Hispanic 2 Black, Non-Hispanic 3 Hispanic/Latino 4 Brazilian									
1 ☐ White, Non-Hispar 5 ☐ Asian/Pacific Islan		ck, Non-Hispanic		-		4 🗌 Brazilian			
Highest Level of Education	. ,			A	D				
A Some High School		ocational/Technical Sch		Associate	-	G 🗌 Masters Degree			
B High School or Equivalent D Some College F Bachelors Degree H Doctorate Degree									
Height		Are there any children							
Feet	Inches	□No □Yes If Y	Yes: There are	e:	ch	nildren 6 years or younger.			
Weight Has applicant's name changed within the past 2 years?									
Pounds	Pounds No Yes If Yes: Former Name:								
3. APPLICANT HISTORY OF LEGAL ACTIONS									
If you answer "Yes" to any of the following questions, you <u>must</u> provide a detailed statement to fully explain the circumstances and attach statement to this application.									
In relation to environmentally-related work activities conducted in any state, has/is the applicant, identified in Section 2 above:									
Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of									
violation(s) by any administrative, governmental or regulatory agency, including, but not limited to,									
OSHA, EPA, NJDOL, NJI						Yes	No		
Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative,									
governmental or regulator	ry agency?	any, persons or par		auriiriisi		Yes] No		
		4. APPLICANT STATE							
The information contained in this "Application for Lead Permit" is accurate, true and complete to the best of my knowledge. I understand									
that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.									
I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information									
which may be needed to determine certification, application validity and/or eligibility. I understand that failure to provide full disclosure of									
any of the requested or required information may result in rejection of this application. I understand that completion of this application									
does not guarantee certification to conduct lead-based paint activities in New Jersey.									
Olemetrus of Annilless (*						Date			
Signature of Applicant:*									

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