



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Lead Abatement Supervisor Certification Application

General Policies and Procedures

IMPORTANT: THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED “WALK-IN” MEETINGS. FOR QUESTIONS, PLEASE EMAIL dph.ehlicensing@ct.gov

1. Fees

The fee for an initial certification covers the cost of eligibility determination and related administrative functions. The certification renewal fee is separate and distinct from the application fee. Personal certifications are renewed in the **first** birth month immediately following the issuance of the certification, (*even if it is in the same year*) and annually thereafter. The full renewal fee will be required regardless of the date of initial certification.

No personal checks are accepted. Please remit the application fee, by CERTIFIED CHECK or MONEY ORDER ONLY, payable to, “TREASURER, STATE OF CONNECTICUT” in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for one year, after which they will be destroyed in accordance with the agency’s record retention schedule.

2. Status Checks

It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.**

Applicants can check the status of their application and submission of supporting documentation at:

<https://www.license.ct.gov/> or email: dph.ehlicensing@ct.gov

3. Certification Issuance

After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the applicant shall receive written verification of the certification number and the effective date. The three part certification documents shall be sent to the applicant’s address of record within 4-6 weeks after approval.

4. Requirements

Certification requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current certification requirements.

5. Examinations

Certification examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(a)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

(over, please)

Lead Abatement Supervisor Certification Requirements

Submit the following:

1. A completed, notarized application with photograph,
2. A fee of \$50.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut,"
3. A legible copy of both your initial and refresher (if applicable) Lead Training Course certificates:
 - a. **initial** training certificate - 40 hours of initial training is required
 - Initial training must be from a Connecticut approved training provider if you are not licensed in another state
 - Reciprocity for training will be granted to any person who is licensed in another state under a law that provides standards that are equal to or higher than those of Connecticut (20-440-4(h)).
 - b. **current** 8 hour refresher training certificate (if applicable)
4. Verification of passing score on the national Lead & Environmental Hazard Association (LEHA) exam. Contact PearsonVue, (888) 204-6203, or www.pearsonvue.com. Candidates shall take the third party exam within 180 days of the successful completion of an appropriate approved training course (C.G.S. §20-478-2(g)),
5. Employment Experience: At least 1 year of experience as a lead abatement worker, *OR* at least 2 years' experience in a related field including, but not limited to, lead, asbestos, radon or other environmental remediation work. Your employer shall submit page 2 of this application to verify your experience. If you are self-employed or part owner, please have an appropriate third party (*ex: local building official*) complete and submit page 2.
6. **Reinstatement:** In addition to the above, please confirm by signing page 4 of the application, in the presence of a notary, that you have not worked in Connecticut in the discipline for which you are applying during the time your credential was expired.
7. **Please be aware that if you wish to work independently, then you are required to obtain a Lead Abatement Contractor license. Otherwise, you are required to be employed by a Lead Abatement Contractor to conduct *any* lead abatement supervisor work.**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
LEAD Abatement Supervisor Certification Application

CHECK ONE: INITIAL APPLICATION

REINSTATEMENT APPLICATION

APPLICATION FEE: \$50.00

Credential No: _____

Name and Mailing Address: *This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.*

First name: _____ MI: _____ Last name: _____

Maiden Name (if applicable): _____ Gender: _____

Date of birth (mm/dd/yyyy): _____ / _____ / _____ Social Security No.: _____ - _____ - _____

Address: _____

City, State, Zip: _____

Daytime phone number: _____ E-mail: _____

RACE/ETHNIC DATA: *This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.*

- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK: Persons having origins in any of the black racial groups of Africa.
- HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

CREDENTIALS IN OTHER STATES/TRIBES: *List all states (other than Connecticut) and tribes where you have or have had a credential in any lead abatement discipline.*

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION DATE

EMPLOYMENT EXPERIENCE REQUIREMENTS/INSTRUCTIONS: You must have at least one year of experience as a lead abatement worker, **OR** at least two years' experience in a related field including, but not limited to, lead, asbestos, radon or other environmental remediation work.

Form A

Have employer complete the bottom portion of the form below and submit with application.

If you are self-employed or part owner, please have an appropriate third party (ex: local building official) complete the bottom portion of the form below.

Check applicable:

- One year of experience as a lead abatement worker
- At least two years' experience in a related field

Please check related field: lead, asbestos, radon or other _____ (please list)

First name: _____ MI: _____ Last name: _____

Date of birth (mm/dd/yyyy): _____ / _____ / _____

Credential for which you have submitted application: **LEAD ABATEMENT SUPERVISOR**

Employer: _____

Employer Address: _____

Dates of Employment: _____ / _____ to _____ / _____
mm / yyyy mm / yyyy

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

This is to certify that the above individual, _____ was employed from _____ / _____ to _____ / _____ by _____
mm/yyy mm/yyy company/entity

1. Job title of highest responsibility of the above named individual: _____

2. List duties carried out under this job title: _____

Name: _____ Title: _____

Telephone: _____ Date: _____

Signature: _____

MAIL TO:

Connecticut Department of Public Health
Environmental Practitioner Licensing Program
410 Capitol Ave, MS# 12EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559 fax: (860) 509-7295

STATEMENT OF PROFESSIONAL HISTORY (questions A through G must be completed):

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? YES NO

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? YES NO

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? YES NO

If you answer “yes” to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO

*If “yes” to Question F, give full details, names, addresses, on a separate, NOTARIZED statement.
Also submit a NOTARIZED copy of the agreement.*

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO

If “yes” to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.

PHOTOGRAPH:**NOTARIZATION:**

On this _____ day of _____ in the year 20_____,

Applicant's Name

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Applicant's Signature

Sworn to before me this _____ day of _____ in the year 20_____.

Notary Public's Signature

Commission Expiration

REINSTATEMENT APPLICATIONS ONLY:

I certify that since my State Certification expired, I have not worked in Connecticut in the discipline for which I am applying for reinstatement with this application.

Signature of Applicant

Application fee: \$50.00 payable to, “**TREASURER, STATE OF CONNECTICUT**” (*certified check or money order*)

Mail to:

**DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL LICENSING
410 CAPITOL AVENUE, MS# 12MOA
P.O. BOX 340308
HARTFORD, CT 06134-0308**