



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH LEAD Consultant License 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 license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Personal licenses are renewed in the first birth month immediately following the issuance of licensure, (*gxgp 'tkk'ku'kp 'j g'uco g'f gct*) and annually thereafter. The full renewal fee will be required regardless of the date of initial licensure.

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 five years, however the application fee is good for ONLY one year.

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.elicense.ct.gov/> or email: dph.ehlicensing@ct.gov

3. License Issuance

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

4. Requirements

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

5. Examinations

Licensing 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)

Requirements for all Lead Consultant Disciplines

1. Each application shall be notarized with photograph, and fee of \$50.00 in the form of a certified bank check or money order payable to "Treasurer, State of Connecticut." Use a separate application for each discipline for which you are applying; **AND**
2. A legible copy of initial and if applicable current refresher certificate from a US EPA approved training provider. If applicant is credentialed in another state, the current refresher certificate shall suffice.
3. Reinstatement: Please affirm in the presence of a notary that you have not worked in this state in the discipline for which you are applying since your credential expired. (*page 4*)

Requirements for each Discipline

Inspector

- Initial Lead Inspector certification from an EPA approved training provider; *or* certification as an industrial hygienist with experience in lead inspection and hazard identification and refresher course certification for Lead Inspector
- Verification of passing score on the national Lead & Environmental Hazard Association (LEHA) exam. Contact Pearson Vue, (888) 204-6203, or www.pearsonvue.com or a comparable third party exam

Inspector/Risk Assessor

- Complete at least twenty-five (25) lead inspections over a minimum three (3) month period as a credentialed lead inspector ([FORM B](#)), or at least one year of experience in a related field such as lead, asbestos, radon, or other environmental remediation work ([FORM A](#)); **AND**
- Education
 - A. A bachelor's degree from an accredited institution of higher education (*submit sealed transcript*) and at least one year of experience in a related field such as lead, asbestos, radon, or other environmental remediation work, *or*
 - B. Certification as an industrial hygienist, or credentialed as an engineer, architect, sanitarian or in a related scientific field, *or*
 - C. Hold a high school diploma or equivalency and at least two (2) years of experience in a related field such as lead, asbestos, radon, or other environmental remediation work ([FORM A](#)); **AND**
- Verification of passing score on the national Lead & Environmental Hazard Association (LEHA) exam. Contact Pearson Vue, (888) 204-6203, or www.pearsonvue.com or a comparable third party exam.

Planner/Project Designer

- A legible copy of initial and if applicable current refresher certificate from a US EPA approved training provider
- A legible copy of initial Lead Supervisor certificate from a US EPA approved training provider



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
LEAD Consultant License Application**

CHECK ONE: **INITIAL** **REINSTATEMENT**, CT License No: _____

APPLICATION FEE: **\$50.00** (*certified check or money order payable to "Treasurer State of Connecticut"*)

DISCIPLINE: *Check the discipline for which you are applying. (If applying for more than one discipline, please submit a separate application with fee for each)*

INSPECTOR **INSPECTOR/RISK ASSESSOR** **PLANNER-PROJECT DESIGNER**

First name: _____ Last name: _____ MI: _____ Maiden Name: _____

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

Name and Mailing Address: ***How your name and address will appear on your official license, your address of record for all mailings, and releasable information pursuant to Freedom of Information requests.***

Name on License: _____

Address 1: _____

Address 2: _____

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, for example, 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 consulting discipline.

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION

EDUCATION: Required for RISK ASSESSOR only

A. Bachelor’s Degree - You must arrange for a sealed transcript from the educational institution

Institution: _____

Address: _____

Date Graduated: _____ Degree: _____

B. Certification as an industrial hygienist, or credentialed as an engineer, architect, sanitarian or in a related scientific field

C. Hold a high school diploma or equivalency and at least two (2) years of experience in a related field such as lead, asbestos, radon, or other environmental remediation work

EXPERIENCE: Please submit *FORM A*, “Verification of Work Experience” or *FORM B*, “Verification of Field Experience to satisfy this criteria

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>

TRAINING COURSE(S): Please submit a legible copy of your initial and current refresher training certificate from a US EPA approved training provider. For Inspector and Risk Assessor disciplines, please provide verification of passing score on the respective national Lead & Environmental Hazard Association (LEHA) exams. If you are credentialed in another state, your current refresher certificate shall suffice.

STATEMENT OF PROFESSIONAL HISTORY:

- 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.

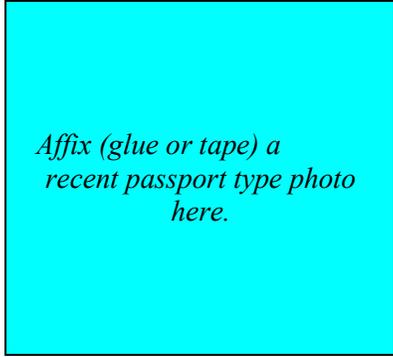
- F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign 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.

Signature of Applicant

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

Signature of Notary Public

My Commission Expires

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

Mail Application to:

**Department of Public Health
Environmental Licensing
410 Capitol Ave., MS# 12MQA
PO Box 340308
Hartford, CT 06134-0308**

Address for transcript and any supporting
Documentation not included with application:

**Department of Public Health
Environmental Practioner Licensing Unit
410 Capitol Ave., MS# 51EPL
PO Box 340308
Hartford, CT 06134-0308**