

**LEAD-BASED PAINT ACTIVITIES & INVESTIGATIONS  
CERTIFICATION APPLICATION - COMPANY**

Read information and instructions before completing form.

Under sections 254.115 and 250.041, Wis. Stats., an individual must provide his or her Social Security Number and a company must provide the company's Federal Employer Identification Number in order to be certified. This information will be used to deny or revoke certification of persons who are delinquent on payment of taxes or child support. All information on this form is subject to open records except for the Social Security Number.

<input type="checkbox"/> Lead Company:	<input type="checkbox"/> Initial certification	<input type="checkbox"/> Renewal	DHS #: _____
<input type="checkbox"/> Lead-Safe Company:	<input type="checkbox"/> Initial certification	<input type="checkbox"/> Renewal	DHS #: _____

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

Federal Employer Identification No. (FEIN), or explain why company does not have one \_\_\_\_\_

Mailing Address \_\_\_\_\_

City _____	State _____	Zip+4 _____
------------	-------------	-------------

Records Address (if different) \_\_\_\_\_

City _____	State _____	Zip+4 _____
------------	-------------	-------------

Telephone No. ( ) _____	Fax Telephone No. ( ) _____
----------------------------	--------------------------------

Cellular Telephone No. ( ) _____	Pager Telephone No. ( ) _____
-------------------------------------	----------------------------------

Email Address _____	Tax Status <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit
---------------------	---

Type of Company (Check all that describe your company. Select "Government" types only if a governmental agency.)

<input type="checkbox"/> Construction / Renovation	<input type="checkbox"/> CAP / Weatherization	<input type="checkbox"/> Consultant - Lead	<input type="checkbox"/> Contractor - Lead
<input type="checkbox"/> Environmental / Abatement	<input type="checkbox"/> Government - Federal	<input type="checkbox"/> Government - Local Housing	<input type="checkbox"/> Housing - Non-Government
<input type="checkbox"/> Government - Local Public Health	<input type="checkbox"/> Government - Other Local Agency	<input type="checkbox"/> Government - Indian Tribe	<input type="checkbox"/> Government - Wisconsin State
<input type="checkbox"/> Government - Other State	<input type="checkbox"/> Industrial	<input type="checkbox"/> K-12 School	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Lead-Safe	<input type="checkbox"/> Painting	<input type="checkbox"/> Property Management	<input type="checkbox"/> Roofing Contractor
<input type="checkbox"/> Training Provider	<input type="checkbox"/> University / College	<input type="checkbox"/> Other - Describe _____	

**CERTIFICATION FEE**

Enclose a check or money order payable to Department of Health Services (DHS) or a completed credit card payment form, or indicate below that a state or local government fee exemption is requested.

Lead Company certification fee enclosed - \$75.00  
 Lead-Safe Company certification fee enclosed - \$75.00  
 State or local government fee exemption is requested

**AFFIDAVIT OF APPLICANT**

I state that I am an authorized representative of the company referred to on this application and that all the answers set forth are strictly true in each respect. I agree that this company will fulfill its responsibilities under s. DHS 163, Wis. Adm. Code, including employing or contracting with only appropriately certified persons to conduct or supervise lead-based paint activities. The company and its employees and subcontractors will comply with applicable federal, state, and local lead-based paint statutes, ordinances, rules or regulations, including work practice standards. I understand that false or forged statements made in connection with this application may be grounds for denial or revocation of certification or other disciplinary or legal action.

\_\_\_\_\_  
SIGNATURE - Authorized Representative

\_\_\_\_\_  
Date Signed (mm/dd/yy)

Name of Company

---

**COMPANY OWNER(S) OR CORPORATE OFFICERS**

---

Name(s)	Title	Social Security No.	DHS Certification No., if any
---------	-------	---------------------	-------------------------------

---



---



---

**LEAD DIRECTORY INFORMATION**

---

Lead directories are provided as a service to persons seeking to hire someone to perform lead work.

- Include in lead contractor directory. (Must have staff certified as a Lead Abatement Supervisor.)
  - Include in lead consultant directory. (Must have staff certified in a lead investigation discipline.)
  - Include in lead-safe renovator company directory. (Must have staff certified as Lead-Safe Renovator or in a lead abatement discipline.)
- 

**CERTIFIED STAFF**

---

List all staff currently certified by DHS to perform lead-based paint activities or attach a separate list showing the required information.

Place a check mark under "Authorized Representative" for certified persons who are authorized to act on the company's behalf. Under s. DHS 163.12 (2) (d), Wis. Adm. Code, a company must have an owner, officer or authorized employee who demonstrates knowledge of applicable lead-based paint regulations and protocols. Knowledge may be demonstrated through certification as a Lead Abatement Supervisor, Hazard Investigator, Inspector, Project Designer, or Risk Assessor. When certification is not practicable, knowledge may be demonstrated by correctly completing and submitting a lead company regulatory work sheet.

Name(s)	Discipline(s)	DHS Certification No.	Authorized Representative
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

---

If you have questions please call (608) 261-6876. Applications paid by credit card may be faxed with credit card payment form to (608) 266-9711. If mailing, use the Mailing Address listed below. Applications may be hand delivered to the Street Address.

Mailing Address

Department of Health Services  
 Asbestos and Lead Section, Rm 137  
 P.O. Box 2659  
 Madison WI 53701-2659

Street Address

Department of Health Services  
 Asbestos and Lead Section  
 One West Wilson Street, Room 137  
 Madison WI 53703