APPLICATION FOR INDIVIDUAL LEAD LICENSE

State Form 49240 (R10 / 2-21)
INDIANA DEPARTMENT OF HEALTH

INSTRUCTIONS:

1. *This form must be used to apply for licenses pursuant to 410 IAC 32. If accessing this form on-line, you may print the blank form and fill it out by hand;* ***or*** *you may fill it in on-line, then save it to your computer and print a hard copy for submission with original signatures.*
2. ***Please type or print in ink.***
3. *Return this form, required addenda, and check or money order made payable to "IDH Lead and Healthy Homes Program" by mail to:*

Indiana Department of Health
Attention: Lead and Healthy Homes
2 North Meridian Street, 6th Floor
Indianapolis, Indiana 46204

APPLICATION TYPE:

Type of application (*check one*):

☐ Initial license

☐ Renewal of license

PART A: GENERAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

1. Applicant name Last	First		Middle Initial
2. Home telephone number: (_____) _____ - _____		**3.** E-mail address:	
4. Address where license should be mailed Street	City	State	ZIP code
5. Company name *(if applicable):*		**6.** Company telephone number: (_____) _____ - _____	

7. Date of birth Month Day Year _____/_____/_____	8. Sex: ☐ Male ☐ Female	9. Height: _____ feet _____ inches	10. Weight: _____ pounds	11. Eye color: _____	12. Hair color: _____

PART B: PHOTOGRAPHIC IDENTIFICATION - APPLIES TO ALL APPLICANTS

► Pursuant to 410 IAC 32-2-4(e) and 32-2-5(c), the applicant shall provide the Department two (2) copies of a clear and recent one and one-half inch (1-1/2") by one and one-half inch (1-1/2") identifying digital photograph to be added to their file. Please enclose your photographs with this application.

LEAVE THESE SPACES BLANK	FOR OFFICE USE ONLY

PART C: LICENSE RECIPROCITY

ARE YOU APPLYING FOR INDIANA LEAD LICENSE(S) BASED ON LICENSE RECIPROCITY?

☐ **YES -** *Follow instructions below.* ☐ **NO -** *Skip to Section D and complete the rest of application.*

Persons applying for an Indiana lead license under license reciprocity (410 IAC 32-2-7) must do the following:

- Complete parts A, B, C, G, and I of this application.
- Attach to this application a legible copy of all current lead-based paint program licenses.
- If applicant is applying for Inspector, Risk Assessor, Project Designer, or Project Supervisor licenses, provide proof that applicant passed the appropriate third-party examination(s).
- Provide proof that applicant has attended an Indiana-approved Indiana 2 Hour Rules Awareness course.
- Pay the appropriate license application fee(s) outlined in Part G of this application.

PART D: EDUCATION

► High School

12. High school name, city, and state:

13. High school degree?
☐ No ☐ Yes - Date received: _____/ _____/ _____

14. GED Certificate
☐ No ☐ Yes - Date received: _____ / _____ / _____

PART E: WORK EXPERIENCE

►List below, beginning with your most recent job, only work experience that pertains to the license(s) for which you are applying. Additional sheets may be attached if necessary. A resume may be attached instead of completing this section.

→ WORK EXPERIENCE 1

Employer name:		Employer telephone number: (_____) _____ - _____
Employer address Street		
City	State	ZIP code
Type of business or organization:		
Exact title of position:		
Name / title of immediate supervisor:		
Specific job duties (*in detail*):		

Dates employed	Employment type	Number of hours/week	Number of employees you supervised
FROM _____/_____ (*Month / Year*) **TO** _____/_____ (*Month / Year*)	☐ Part-time ☐ Full-time		

→ WORK EXPERIENCE 2

Employer name:		Employer telephone number: (_____) _____ - _____
Employer address Street		
City	State	ZIP code
Type of business or organization:		
Exact title of position:		
Name/title of immediate supervisor:		
Specific job duties (*in detail*):		

Dates employed	Employment type	Number of hours/week	Number of employees you supervised
FROM _____/_____ (*Month / Year*) **TO** _____/_____ (*Month / Year*)	☐ Part-time ☐ Full-time		

PART F: LEAD TRAINING INFORMATION

► Pursuant to 410 IAC 32, provide a copy of all required certificates of training indicating successful completion of approved initial course(s) and any requisite refresher training course(s).

- **Initial License:** You must attach a copy of your initial training certificate and all refresher training certificates, if any, for every license for which you are applying. NOTE: If your training is not Indiana-approved, you must also attach a copy of your Indiana-approved Indiana Rules Awareness course certificate.
- **Renewal License:** You must attach a copy of your current refresher training certificate for every license for which you are applying.

If copies of all required training certificates are not attached, **application will be denied** pending submittal of the required documents.

PART G: LICENSE FEES

15. Listed below is the annual license application fee for each discipline. Check the appropriate box for each discipline for which you are applying and enter the total amount enclosed.

- ☐ Inspector $150
- ☐ Risk Assessor $150
- ☐ Project Supervisor $150
- ☐ Project Designer $150
- ☐ Worker $150
- ☐ Clearance Examiner $150

→ **Total enclosed: $_____**

INSTRUCTIONS:
*Make all checks and money orders payable to **"IDH Lead and Healthy Homes Program".***

- *Per HEA 1725 (effective 5/3/99), local, city, county, and state government agencies are **exempt** from lead license fees.*
- *Pursuant to 410 IAC 32-2-9, the nonrefundable application fee is **not**:*
- *transferable from one (1) type of lead license to another,*
- *transferable from one (1) person to another,*
- *transferable to any other type of license issued by the department, unless requested by the applicant and approved by the department within three (3) days of submittal to the department or prior to application processing by the department, whichever is earlier.*

PART H: REGISTRATION FOR LEAD-BASED PAINT THIRD-PARTY EXAM(S)

► If you have not already taken appropriate lead third-party exam(s) and you want to take the exam(s) in Indiana, please fill out the attached Indiana third-party exam registration form (State Form 50748) only when applying for an initial Inspector, Risk Assessor, Project Supervisor and/or Project Designer license(s) and only if you have already completed the requisite training courses.

PART I: SIGNATURE

► **IMPORTANT**

- Allow one (1) to two (2) weeks for processing of a **complete application package** and receipt of your license(s).
- Make sure you have completed all appropriate sections of this application and have included all required addenda. Sign and date the application and return it to the **Cashier** address shown on page one (1) of this application. Applications will be returned which are incomplete or contain errors in response to any questions on the form and will result in a delay in processing and issuance of your license(s).
- All information requested on this application is mandatory for the administration and processing of your license application pursuant to 410 IAC 32. Except for scores on any training examination, all other personal data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 326 IAC 17-1-4.
- Make sure you have enclosed two (2) 1-1/2 inch by 1-1/2 inch color photographs of the applicant. License(s) cannot be issued without photographs.
- Applicant must sign the two (2) signature cards below.

I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT: **DATE SIGNED:** _____/ _____ / _____

SIGNATURE CARDS

APPLICANT MUST SIGN THE SIGNATURE CARDS BELOW. APPLICATION WILL BE DENIED IF THE CARDS ARE NOT SIGNED.

THIS LICENSE IS ISSUED FOR THE SOLE USE OF THE UNDERSIGNED AND IS NON-TRANSFERABLE. ANY USE OR POSSESSION, EXCEPT AS PRESCRIBED, IS PROHIBITED BY LAW. THIS LICENSE MUST BE IN THE POSSESSION OF THE UNDERSIGNED WHEN PERFORMING LEAD-RELATED ACTIVITIES AS PRESCRIBED BY 410 IAC 32. _____ SIGNATURE	THIS LICENSE IS ISSUED FOR THE SOLE USE OF THE UNDERSIGNED AND IS NON-TRANSFERABLE. ANY USE OR POSSESSION, EXCEPT AS PRESCRIBED, IS PROHIBITED BY LAW. THIS LICENSE MUST BE IN THE POSSESSION OF THE UNDERSIGNED WHEN PERFORMING LEAD-RELATED ACTIVITIES AS PRESCRIBED BY 410 IAC 32. _____ SIGNATURE