



REGISTRATION FOR LEAD-BASED PAINT THIRD-PARTY EXAMINATIONS

State Form 50748 (R7 / 9-19)

INDIANA STATE DEPARTMENT OF HEALTH

INSTRUCTIONS:

1. Please type or print in ink. 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, and then save it to your computer and print a hard copy for submission with original signatures.
2. Return this completed registration form by MAIL to:
Indiana State Department of Health
Attention: Lead and Healthy Homes
100 North Senate Avenue, Room N855
Indianapolis, Indiana 46204
3. Fill out this form only if you are applying for INITIAL lead license(s) and only if you want to take the third-party exam(s) in Indiana. (If you have already taken the third-party exam(s) for your license discipline from an EPA-approved state or tribe lead program, you do not have to take the exam(s) again unless the item listed next applies to your situation.)
4. If you have allowed more than forty-eight (48) months to lapse since your last training course(s), you will have to take initial training course(s) again and also take the third-party exam(s) again.
5. If you are renewing lead license(s), this form is not necessary unless you have a lapse in training as stated in the previous item above.

PART A: GENERAL INFORMATION

1. Applicant name			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	Last	Middle initial
2. Home telephone number:	(____) ____ - ____	3. E-mail address:	
4. Home address			
Street		Apartment number	
City		State	ZIP code
5. Company name (if applicable):			
6. Company telephone number:	(____) ____ - ____		
7. Company address			
Street			Suite number
City		State	ZIP code
8. Fax number:	(____) ____ - ____		

PART B: TRAINING INFORMATION

9. LIST THE DATES OF THE INITIAL TRAINING COURSE THE APPLICANT HAS COMPLETED FOR EACH DISCIPLINE:

INSPECTOR – Dates of training

Start Date: ____/____/____ End Date: ____/____/____

RISK ASSESSOR – Dates of training

Start Date: ____/____/____ End Date: ____/____/____

PROJECT SUPERVISOR – Dates of training

Start Date: ____/____/____ End Date: ____/____/____

PROJECT DESIGNER – Dates of training

Start Date: ____/____/____ End Date: ____/____/____

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PART C: EXAMINATION INFORMATION

10. Check **discipline** for which you need to take the lead-based paint third-party examination
(Reminder: Inspector license requires Inspector exam; Risk Assessor license requires Risk Assessor exam; Designer and Supervisor licenses require Supervisor exam.):

Inspector

Risk Assessor

Project Supervisor

Examinations are free and may be taken in Indianapolis at the Indiana State Department of Health. Please see the ISDH Lead and Healthy Homes Program website at <http://www.in.gov/isdh/19124.htm> to find the list of available dates (examinations are usually offered twice a month on Mondays).

► **INDIANAPOLIS EXAM SITE:** (see <http://www.in.gov/isdh/19124.htm> for scheduled dates and times)

1st choice of Indianapolis date: ____ / ____ / ____

2nd choice of Indianapolis date: ____ / ____ / ____

Time: 10:00 A.M. [Indianapolis time]

Time: 10:00 A.M. [Indianapolis time]

Your registration will be confirmed by mail or fax to confirm the date, time, and location of all exams for which you have registered. Check below where you prefer your confirmation letter to be sent and/or faxed:

Home Address

Company Address

Fax to fax number listed for Item #7 on page 1 of this application

REGISTRANT'S SIGNATURE: _____

DATE SIGNED: ____ / ____ / ____

(Exam will not be scheduled unless signed by registrant.)