



REGISTRATION FORM FOR LEAD-BASED PAINT THIRD-PARTY EXAMINATIONS

State Form 50748 (R3 / 10-07)
INDIANA STATE DEPARTMENT OF HEALTH

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Lead-based Paint Program

2 N Meridian St, 5 J

Indianapolis, IN 46204

Phone: (317) 233-1250

<http://www.in.gov/isdh/programs/lead/>

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. 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.)
3. If you have allowed more than 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
4. 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.

Return this completed registration form by **MAIL** to:

ISDH Lead-based Paint Program
Attn: Exam Coordinator
Indiana State Department of Health
2 N Meridian St, 5 J
Indianapolis, Indiana 46204

or by **FAX** to:

Lead Exam Coordinator
(317)-233-1630

PART A: GENERAL INFORMATION

1. Applicant name

Mr.
 Ms.

First

Last

Middle initial

2. Home telephone number:

(____) ____ - ____

3. Home address

Street

Apartment number

City

State

ZIP code

4. Company name (if applicable):

5. Company telephone number:

(____) ____ - ____

6. Company address

Street

Suite number

City

State

ZIP code

7. Fax number:

(____) ____ - ____

PART B: TRAINING INFORMATION

8. 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: ____/____/____

PART C: EXAMINATION INFORMATION

10. Check **every discipline** for which you need to take the lead-based paint third-party examination (Reminder: Inspector license requires Inspector exam; Risk Assessor license requires Inspector and Risk Assessor exams; 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-based Paint Program website at <http://www.in.gov/isdh/programs/lead/> 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/programs/lead/> 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 #8 on page 1 of this application

REGISTRANT'S SIGNATURE:

DATE SIGNED: ____ / ____ / ____

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