

LEAD PAINT ACCREDITATION APPLICATION: INSPECTOR AND RISK ASSESSOR

I. Instructions

Mail application with applicable fee to: **MDE, P.O. Box 1417, Baltimore, MD 21203-1417**. Make check or money order payable to: **Maryland Department of the Environment**. Fees are non-refundable. All applications, including renewals, must be filled out completely. Incomplete, inaccurate, illegible applications may be delayed during processing. Name must match your State issued ID. **Allow up to 90 days for processing from the date your application with applicable fee was received. The Program may email you regarding incomplete. Do Not email SSN or Tax IDs. ASTERISK (*) FIELDS ARE REQUIRED.** See website for reciprocity and Third Party Exam information. *Inspector and Risk Assessor accreditations are valid for up to two years.*

II. General Applicant Information

Last Name (as per your State ID):*		Suffix (e.g. Sr., Jr.):*	Legal First Name (as per your State ID):*		Middle Name:*	
Street Address:*			City:*		State:*	Zip Code:*
Mailing Address (if left blank mailings will go to above address):			City		State	Zip Code
Telephone #:*		Email (correspondence may be sent to this address):*		Date of Birth:*		Social Security Number:*

III. Application History and Fee

Check one:*

Have you held an accreditation in the same category in the past with the state of Maryland?

Yes, Accreditation #: _____; Expiration date: _____

No

Check one of the following three categories:*

Visual Inspector \$125.00

Inspector Technician \$125.00

IF HAVE NOT HELD THIS CATEGORY WITH MD IN PAST COMPLETE THE FOLLOWING:*

Third party exam date, was taken or registered to take on: _____; Third party exam fee is required for in-state exams \$35.00

Risk Assessor \$200.00

IF HAVE NOT HELD THIS CATEGORY WITH MD IN PAST COMPLETE THE FOLLOWING:*

Third party exam date, was taken or registered to take on: _____; Third party exam fee is required for in-state exams \$35.00

One year minimum experience as a Maryland accredited Inspector Technician: from: _____ to: _____;

Inspector Technician accreditation #: _____;

Complete Section VI of this application.

Check below if it applies to the applicant: APPLICATION FEE WAIVED

State or local government, for use on behalf of, as government employee

TOTAL FEES SUBMITTED: \$

LEAD PAINT ACCREDITATION APPLICATION: INSPECTOR AND RISK ASSESSOR

Applicant's name as listed on first page:

IV. Applicant's Training Information

List the latest course completed for category applying. Refresher courses are only valid when taken before prior relevant training or accreditation has expired.

Training card #:*	Expiration date:*	Name of training provider:*
Course name:*	Course date(s) :*	To:
	From:	

V. Employer Information

ALL Inspector and Risk Assessor applicants' employers are required to be accredited as a Maryland Lead Paint Inspection Contractor. This requirement includes those who are self-employed.

If the contractor is not accredited or the accreditation is expiring within the next 60 days, include a separate *Lead Paint Contractor Accreditation Application* with this application. Write your Contractor information below.

Contractor Name:*	Contractor Accreditation # (if already have one):*		
Street Address:	City:	State:	Zip Code:
Contact Name:	Telephone #:		

VI. Risk Assessor Experience (New Risk Assessor Applicants ONLY)

Attach a list of twenty (20) different addresses where XRF or paint chip sampling was performed; OR a list of five addresses where XRF or paint chip sampling was performed and fifteen addresses where lead dust inspections were performed. This is pursuant to Code of Maryland Regulations (COMAR) 26.16.01.16.C(1)(b). For further details and reciprocity information, please see website.

Organize your list in the following way:

- At top of page: Name of Applicant
- In a table format: Number, Date, Address, Type of Inspection (i.e. XRF, paint chip, or dust)

VII. Applicant Statement and Signature

This Notice is provided pursuant to § 4-501 of the General Provisions Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., General Provisions §§ 4-101, et seq.). This form may be made available on the Internet via the Maryland Department of the Environment's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

I certify that I shall perform work practices according to Code of Maryland Regulations (COMAR) 26.16.01 through 26.16.05 and 26.02.07. As per Environment Article § 1-203 and Family Law Article § 10-119.3 of Maryland before any license or permit may be issued or renewed, the issuing authority shall verify through the Office of the Comptroller and the Maryland Child Support Enforcement Administration that the applicant has no outstanding taxes, unemployment insurance contributions or child support.

Applicant's Original Signature:*	Date:*
----------------------------------	--------

Before you mail your application, make sure that you have:

- Filled out all applicable sections of this application
- Provided all nine digits of your SSN
- Signed and dated the application
- Enclosed the appropriate fees (including Third party exam fee where applicable)
- Made a copy of your application for your files