LEAD PAINT ACCREDITATION APPLICATION: INSTRUCTOR

I. Instructions

Mail this application with Training Course application(s) to: MDE, P.O. Box 1417, Baltimore, MD 21203-1417. 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 was received. The Program may email you regarding incomplete applications. Do <u>Not</u> email SSN or Tax IDs. ASTERISK (*) FIELDS ARE REQUIRED. Applicants are to meet the requirements in the Code of Maryland Regulations (COMAR) 26.16.01. Additional documentation or verification may be required. *Instructor accreditations are valid for up to one year*.

		II. G	General	Applican						
Last Name (as per your State ID):*		Suffix (e.			rst Name (as per your State ID):*			Middle Name:*		
Street Address:*			City:*				State:*		Zip Code:*	
Mailing Address (if left blank mailings will go to above addre			ss): City						Zip Code	
Telephone #:*	Email (correspon	ndence may l	nce may be sent to this address):* Date of Bin /					Social Security Number:*		
III. Training Provider Information										
Full Name of Training Provider:*			Accreditation # (if exists): Contact Name:					Telephone #:		
Street Address:			City:				State:		Zip Code:	
IV. Application History										
Check one:*										
Have you held an accreditation in the same category in the past with the state of Maryland?										
 Yes, (Renewal) Accreditation #:; Expiration date: No (New) 										
			V. Inst	tructor Ca	itegor	ries				
Use a <u>separate</u> application for each category applying for. Attach documentation pertaining to each application as required. A new instructor must have no more than two years between trainings and are to submit course certificate(s) with application.										
		New		Nev					Renewal	
Check <u>one</u> :*		Init	tial Trainin Card #:	ig Da	Dates of Ini Training:		Latest Train Card #:		Dates of Latest Training:	
Risk Assessor						<u> </u>		-	8	
Inspector Technician										
Uisual Inspector										
Maintenance & Repainting Supervisor										
Removal & Demolition Supervisor										
Project Designer										
Abatement Worker										
Structural Steel Supervisor										
Structural Steel Worker										
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APPLICATION FEE IS WAIVED

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Applicant's name as listed on first page:

VI. Instructor Exam

An Instructor exam is required initially and at each renewal of accreditation. A 90% or higher grade is required to pass. Exams are given on the second Wednesday of every month at 9:30 a.m. at MDE in Baltimore.

Submit the application and call to register for the exam at: 410-537-3825.*

Be sure to register for this exam and any other Instructor category exams together. If applying for multiple categories, only the superseding category exam will be required.

VII. Experience

Complete and/or attach the following, as applicable:*

New Instructors:

Attach a list of experience of onsite lead paint abatement projects which have been conducted in accordance with COMAR 26.02.07 or other lead paint abatement standards established by the Department (example: clearance testing).

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: Number, Date, Address, Description of Experience.

New and Renewal Inspector Technician Instructors:

You must be currently accredited as Inspector Technician or Risk Assessor

Accreditation #: _____; Expiration date: ____;

New Inspector Technician Instructors:

Attach a list that reflects 6 months of lead paint inspection work, using a portable XRF devices and relevant techniques.

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: Number, Date, Address, Description of Experience.

VIII. 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; 26.16.05 and/or 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 Filled out all applicable sections of this application Provided all 9 digits of your SSN	ı have:		
	 Provided all required documentation, as specified in Section VII Signed and dated the application Made a copy of your application for your files 			
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