MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Lead Poisoning Prevention Program
P.O. Box 1417 • Baltimore, Maryland 21203-1417

410-537-3825 • 1-800-633-6101 x3825 • mde.maryland.gov/lead

PCA: 13613 COBJ: 5671

LEAD PAINT ACCREDITATION APPLICATION: TRAINING COURSE

I. Instructions

Mail application to: MDE, P.O. Box 1417, Baltimore, MD 21203-1417. Incorporated & Limited Liability Companies shall be registered and in "Good Standing" with Maryland Department of Assessments & Taxation (SDAT) to be approved. Trade names are to be registered with SDAT. All applications, including renewals, must be filled out completely. Incomplete, inaccurate, illegible applications may be delayed during processing. Allow up to 90 days for processing from the date your application was received. The Program may email you regarding incomplete applications. Do Not email SSN or Tax IDs. ASTERISK (*) FIELDS ARE REQUIRED. Additional documentation or verification may be required. Full hard copies may be requested for Department's files. Training Provider and Training Course accreditations coincide and are valid for up to one year.

Full Legal Name of Training		General Applicant Inform	ation	
Street Address:*		City:*	State:*	Zip Code:*
Mailing Address (if left blank mailings will go to above address):		City	State	Zip Code
Telephone #:*	Fax #	Email:*		Tax ID (FEIN or SSN):*
Check one:*		III.Application Type		
Have you held an accreditation	on in the same category in the	e past with the state of Maryland?		
☐ Yes, (Renewal) Accredita ☐ No (New)	ation #:; Ex	xpiration date:	_	
Completion Certificates for ea	each new accreditation must be	ing and attach documentation per be included. On separate sheets, inclu- crification or further documents may	de all relative field ex	xperience, contractor's or training
Check one:*				
☐ Risk Assessor				
☐ Inspector Technician				
☐ Visual Inspector				
☐ Maintenance & Repair	nting Supervisor			
Removal & Demolitio	on Supervisor			
☐ Project Designer				
Abatement Worker En	ıglish			
Abatement Worker O	ther:			
Structural Steel Superv	visor		A DDI ICATI	ON EEE IC WALVED
Structural Steel Worker			APPLICATI	ON FEE IS WAIVED

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Name of Training Provider:

V. Required Documentation

Submit the following with this application accordingly. It may be a hard copy or on a disk or flash drive. These are to be labeled according to the course category.

Both Initial and Refresher Curriculums are required regardless if the Training Provider will only be offing one of them.

New Course Applications:*

- I. Curriculum
 - a. Learning objectives
 - * b. Outline/agenda of course content including time for specific topics.
 - i. Provide a separate outline for the Initial and Refresher courses (except for courses where Initial and Refresher are both one day).
 - ii. Agenda is to be up to date and instructors are to follow it.
 - iii. Ensure that the agendas reflect no less than the minimum amount of time required for the course.
 - c. Description of learning activities (classroom participation and hands-on activities).
 - d. List of audio, visual, and other teaching materials being utilized.
 - e. Copies of all printed instruction materials (handouts) given to students.
 - f. Written plan for administering the examination.
 - i. Copy of examinations.
 - g. Written plan for providing photo identification, training certificate, and student information.

* III. Instructors

- a. List of Designated Primary Instructor(s) for this course. Primary Instructor(s) must be accredited by MDE.
- b. List of Recognized Expert Instructor(s) for this course, if applicable.
 - i. Documentation of qualifications for each Recognized Expert for this course (see COMAR 26.16.01.18B).

* IV. Facilities

- a. List of training facility location(s) with address(es).
- b. Description of training facilities to accommodate curriculum specified (seating, tables, area to perform hands-on activities).
- V. If this is a foreign language course application, then also include:
 - a. A signed statement in English that the Instructor(s) listed are fluent in the language of the course.
 - b. Copies of all printed handouts given to students including agendas and examinations in the language of the course.
 - i. A signed statement verifying the accuracy of the translations for these materials.

Renewal Course Applications:*

- I. Copy of all changed materials such as: handouts, booklets, outline/agenda and examinations.
- II. Copy of the asterisked (*) items above, even if it has not been changed.

VI. 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 ("Department") 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 Department'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.

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.

I hereby request that the above contractor be accredited as a Lead Paint Abatement Services Contractor in the State of Maryland. I certify that, for the purpose of performing lead paint services, the aforementioned will only employ, hire or contract with individuals or companies that are qualified under Code of Maryland Regulations (COMAR) 26.16.01. I certify that my company and its employees shall perform work practices according to COMAR 26.16.01 and/or 26.02.07. I certify that work performed and certificates issued by my company and its employees will satisfy the requirements of Environment Article § 6-8 and COMAR 26.16.01 through 26.16.05

Authorized Representative of Training Provider (print name):*	Title:*
Original Signature of Authorized Representative:*	Date:*

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