

LEAD PAINT ACCREDITATION APPLICATION: TRAINING PROVIDER

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. 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. Name changes require a new application and fee. 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 with applicable fee was received. The Program may email you regarding incomplete applications. Do Not email SSN or Tax IDs. ASTERISK (*) FIELDS ARE REQUIRED.** *Training Provider accreditations are valid for up to one year.*

II. General Applicant Information

Full Legal Name of Training Provider:*				SDAT #:*	
Check one address to be listed on public listings:*	<input type="checkbox"/>	Street Address:*	City:*	State:*	Zip Code:*
	<input type="checkbox"/>	Mailing Address (if different from above):	City:	State:	Zip Code:
Telephone #:*	Fax #:	Email:*		Tax ID (FEIN or SSN):*	

III. Application Type and Fee

Check one:*

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

Yes, Accreditation #: _____; Expiration date: _____

No

Check one:*

Training Provider \$300.00

Non-Profit Training Provider, Tax Exempt # is required if checked: * _____ FEE WAIVED

TOTAL FEES SUBMITTED: \$

IV. Advertisement through MDE

Check one:*

Include Training Provider on MDE's list of accredited Training Providers that is made available to the public through mailings & MDE's website.

Yes, Training provider website (optional): _____

No

V. Training Locations

List the address of your primary training location(s) where Maryland curriculum will be offered. Attach a separate list if addition space is needed.*

1. _____	2. _____
3. _____	4. _____

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Name of Training Provider: _____

VI. Maryland Lead Paint Course(s)

Check which Maryland lead paint courses this training provider will be offering (course applications must be completed separately):*

- | | |
|--|---|
| <input type="checkbox"/> Risk Assessor | <input type="checkbox"/> Project Designer |
| <input type="checkbox"/> Inspector Technician | <input type="checkbox"/> Abatement Worker, English |
| <input type="checkbox"/> Visual Inspector | <input type="checkbox"/> Abatement Worker, Other: _____ |
| <input type="checkbox"/> Maintenance & Repainting Supervisor | <input type="checkbox"/> Structural Steel Supervisor |
| <input type="checkbox"/> Removal & Demolition Supervisor | <input type="checkbox"/> Structural Steel Worker |

VII. Maryland Lead Paint Instructor(s)

List the accredited instructor(s) and/or Instructor(s) applying. Attach a separate list if addition space is needed.*

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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 (“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:*

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

- Filled out all applicable sections of this application
- Provided your nine digit tax identification number
- Signed and dated the application
- Enclosed the appropriate fee if required
- Made a copy of your application for your files