



RI Department of Health

Application and Instructions for:

Lead Technician-in-Training

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$70.00 (seventy-dollar) certification fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	<p>(A) Copy of certificate(s) indicating successful completion of an initial training course, approved in accordance with Subsection 18.7(e)</p> <p>(B) Copy of certificate(s) indicating successful completion of Radiation safety training appropriate to the X-ray fluorescence (XRT) analyzer(s) used by the applicant; and</p> <p>(C) Copy of blood lead test results documenting compliance with the medical monitoring requirements specified in Section 13.13; and</p> <p>(D) Copy of certificates for all Rhode Island approved environmental lead training courses you have completed, unless a copy of the certificate is already on-file with the Lead Program.</p> <p>(E) Copy of High School Diploma or GED</p>
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
<https://healthri.mylicense.com/Verification>

Race/Ethnicity (This information is voluntary and will not affect issuance of your license.)	Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race - <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Enforcement Actions in Other Jurisdictions: If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.	<ol style="list-style-type: none"> 1. Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend any environmental lead inspector technician certification and/or other authorization to conduct environmental lead inspections held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties in conjunction with any environmental lead inspection activity conducted by or under the supervision of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any environmental lead inspection activity conducted by or under the supervision of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>
Affidavit of Applicant:	<p>I certify that I have read and understand the Rhode Island Rules and Regulations for Lead Poisoning Prevention. I further certify that this application is prepared in conformity with the Rhode Island Rules and Regulations for Lead Poisoning Prevention and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. I further certify that my certification or other authorization to conduct environmental lead inspections has not been revoked, suspended, proposed for revocation, or proposed for suspension by any federal, state or local jurisdiction except as noted above.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <hr style="width: 50%; margin-left: 0;"/> Signature <hr style="width: 50%; margin-left: 0;"/> Date of Signature (MM/DD/YY)