

# LEAD LICENSING APPLICATION FOR INDIVIDUALS

West Virginia Bureau for Public Health  
Office of Environmental Health Services  
Radiation, Toxics and Indoor Air Division  
Certification and Licensing Program  
Capitol and Washington Streets  
One Davis Square, Suite 200  
Charleston, West Virginia 25301-1798  
Telephone (304) 558-2981 Fax (304) 558-0524

**A. General information** (Follow the instructions below. Incomplete application cannot be processed)

1. Type or print legibly in blue ink. Complete sections A and B.
2. Attach required documentation.
  - a. A copy of EPA or West Virginia approved initial or refresher certificate.
  - b. Applicants for a risk assessor's license must also possess a valid West Virginia inspector's license.
  - c. A separate application form for each license category being applied for.
3. Attach check or money order payable to the West Virginia Bureau for Public Health. Tax is not applicable. We do not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.
5. License Category and Fee Schedule:

Lead Worker	\$50.00	Lead Risk Assessor	\$100.00
Lead Supervisor	\$100.00	Lead Project Designer	\$100.00
Lead Inspector	\$100.00		

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Drivers License Number (State) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ **LICENSE CATEGORY** \_\_\_\_\_ **FEE \$** \_\_\_\_\_

**B. Applicant Attest**

In accordance with Chapter 16, Article 35 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**C. Health Department Use Only**

App. No. \_\_\_\_\_  
Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Denied By \_\_\_\_\_ Date \_\_\_\_\_  
Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Mailed To \_\_\_\_\_

**Fee:**

Paid By \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date of Check \_\_\_\_\_  
Date \_\_\_\_\_