

Certification # _____

Revised 5/3/21

**Cabinet for Health and Family Services
Kentucky Department for Public Health**

Application for Individual Certification (Please Print Clearly)

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Home Phone: _____ Email: _____

If you are employed by a lead-hazard company certified by the Department, provide the following:

Company Name: _____ Phone Number: _____

Certification Number: _____ Address: _____

Discipline

Initial Renewal Certification Number: _____

\$50 nonrefundable application fee required for all certifications.

If initial, or lapsed certification up to 6 Months, a 3rd Party exam is required \$50

Worker \$75 Supervisor \$150 Project Designer \$300 Inspector \$200 Risk Assessor \$250

\$50 Application Fee + _____ Discipline Fee + \$50 3rd party fee, if required = Total Fees _____

Replacement of ID card or certificate \$25

Additional Required Documents:

2x2 color photo Copy of Course Certificate Proof of Education, if required

Related work experience, if required

Please make all checks out to Kentucky State Treasurer.

Disclaimer and Signature

This is to affirm that the above (and attached) information is accurate and has been provided by me:

Signature: _____ Date: _____

For Department For Public Health Use Only

Check: _____ Amount: _____

Date Received: _____ Processed By: _____



Mail To:
Certification
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621

