

Certification # _____

Revised 4/29/21

Cabinet for Health and Family Services
Kentucky Department for Public Health

Application for Company Certification (Please Print Clearly)

Applicant Information

Company Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Work Phone: _____ Fax Number: _____ Email: _____

Fees and Documentation

Initial Renewal Cert. # _____

\$50 nonrefundable application fee required for all certifications.

\$200 Company Fee

\$50 Application Fee + \$200 Company Fee = \$250.00 Total Fees

Additional Required Documents:

Notarized Affidavit List of Employees

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

