

Ohio Department of Health  
**Lead Licensure Application**  
 Ohio Administrative Code Chapter 3701-32

- Complete one application typed or printed legibly in ink, for each license category.
- Attach a copy of the applicant's training course certificate(s) and required supporting documentation (see page 2).
- Provide one clear, current and color photo of the applicant only by one of the following methods:
  - Photo e-mailed to [lead@odh.ohio.gov](mailto:lead@odh.ohio.gov). Name file with applicant's last name and last four digits of social security number (Jones 1234).
  - Photo attached to application with applicant's name written on back of the photo.
- Attach check or money order, made payable to Treasurer, State of Ohio.
- Mail to: Ohio Department of Health, Accounts Receivable, PO Box 15278, Columbus, OH 43215.

Application Type – Check only one			
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal – License # _____			
License Category – Check only one			
<input type="checkbox"/> Lead Abatement Contractor	\$500.00	<input type="checkbox"/> Lead Abatement Worker	\$50.00
<input type="checkbox"/> Lead Risk Assessor	\$250.00	<input type="checkbox"/> Lead Clearance Technician	\$250.00
<input type="checkbox"/> Lead Inspector	\$250.00	<input type="checkbox"/> Lead Abatement Project Designer	\$500.00
1. Social Security Number	2. Date of Birth	3. Mail my certification letter and identification card to: <input type="checkbox"/> Applicant address <input type="checkbox"/> Employer Address	
4. First Name	5. Middle Name	6. Last Name	
7. Home Address	8. City	9. State	10. Zip
11. Home Phone	12. E-mail Address		
13. Employer	14. Employer Phone	15. Fax Number	
16. Employer Address	17. City	18. State	19. Zip
20. E-mail Address	21. Training Course Certificate Number (If ODH approved course)		
22. Have you ever been convicted of a felony under any state or federal law designated to protect the environment? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.	23. Do you have any lawsuits or other causes of action pending against you or your business associates that arose out of a lead activity? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.		
24. Have you or your business associates ever settled a lawsuit or entered into a consent agreement involving a lawsuit that arose out of a lead activity? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.	25. Have you or your business associates ever been cited and ordered to pay a penalty or monetary damages as result of lead activity? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.		
26. If you are a United States armed forces service member or veteran, or the spouse or surviving spouse of a service member or veteran and would like to receive priority expedited license processing, check <input type="checkbox"/> Yes. If Yes, mark the appropriate box below and submit acceptable proof of service member or veteran status as required by Ohio Administrative Code rule 3701-32-04(B). <input type="checkbox"/> Service Member <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse			

Provision of your social security number (SSN) is mandated by Ohio Revised Code sections 3123.50 and 3742.05.

Your SSN may be used for purposes including, but not limited to, identification of obligators under child support orders and verification of identity.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course certificate(s) and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

**Knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made in order to gain approval is a criminal offense. See Ohio Revised Code section 2921.13.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Receipt # / License #	Exp Date	Data Ent	Prog Spec
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# Application Requirements for Lead Licensure

## All license applications must contain the following:

1. A completed application (must include original signature).
2. A copy of training course certificate(s):
  - For initial license include a copy of your training course certificate(s).
  - For renewal license include a copy of your refresher training course certificate.
  - If you are a Registered Sanitarian, Sanitarian-in-Training, Certified Industrial Hygienist or Industrial Hygienist-in-Training, you may submit a copy of your certificate of registration or certification in lieu of the initial training course certificate(s).
  - If you completed your training course through an Ohio approved training course provider, you may enter your training course certificate number in Box #21 of the application in lieu of attaching a copy of your training course certificate.
3. Documentation of experience, if applying for an **initial** Lead Risk Assessor, Lead Abatement Contractor or Lead Project Designer license.

### Lead Risk Assessor

You must meet or exceed **one** of the following qualifications:

- Be certified, licensed or registered by the State of Ohio as an engineer or architect.
- Have a Bachelor's degree and 1 year experience in lead, asbestos, other environmental remediation or construction.
- Have an Associate's degree and 2 years' experience in lead, asbestos, other environmental remediation or construction.
- Have a high school diploma or GED and 3 years' experience in lead, asbestos, other environmental remediation or construction.

### Lead Abatement Contractor

- 1 year experience as a Lead Abatement Worker or 2 years' experience in lead, asbestos, or other environmental remediation or construction.

### Lead Abatement Project Designer

You must meet or exceed **one** of the following qualifications:

- Have a Bachelor's degree in engineering, architecture, or a related profession and 1 year experience in building construction and design or a related field.
- Have 4 years' experience in building construction and design or a related field.

### Acceptable forms of experience documentation include:

Resumes

Letters of reference

Work experience

License, certificates or registrations

Signed statement listing your required experience

### Questions about the licensing process?

Call our nationwide toll-free number (877) NOT LEAD or (877) 668-5323

You can also e-mail our program at [Lead@odh.ohio.gov](mailto:Lead@odh.ohio.gov)