



MDHHS-Healthy Homes Section
PO Box 30037, Suite 410
Lansing, MI 48909
Ph: 517-335-9390
Fx: 517-284-9956

INITIAL APPLICATION Lead Professional Certification

The Michigan Lead Abatement Act requires individuals engaging in lead-based paint activities be certified through the Michigan Department of Health and Human Services (MDHHS) prior to conducting work.

Please type or print in ink. Illegible applications will delay processing. Send completed application to address at top of page.

Full Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Cell Work Do not list number

Secondary Phone: _____ Home Cell Work Do not list number

Primary Email: _____ Secondary email: _____

Lead Certified Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Work email: _____

Opt out of having your name, employer, and employer's phone number advertised on the State of Michigan's website as a lead abatement services provider.

How did you hear about becoming certified?

- TV commercial/ad Radio Social media Word of mouth
- Other _____

OFFICIAL USE ONLY
MI Lead Certification No. _____

Received By: _____

Date: _____

Exempt from fees: _____

Qualifications Checklist – (“Do you qualify for the discipline?”)

Lead Abatement Worker	No experience required.
Lead Abatement Supervisor	One year as a lead abatement worker or two years of construction related experience.
Lead Inspector	No experience required.
Lead Inspector/Risk Assessor	1-year related experience + bachelor’s degree; OR 2-years’ related experience + associates degree; OR 3-years’ related experience + high school diploma
EBL Investigator	Current certification as a Lead Inspector/Risk Assessor
Project Designer	Bachelor’s degree in engineering, architecture, or related field; OR 2 years’ experience in construction or environmental remediation field

If applying for reciprocity, verify out of state training meets Michigan requirements outlined in Act 333.5468 and Rules 325.99301 – 325.99304 by contacting the Department at 517-335-9390 or HHSInfo@Michigan.gov.

Certification Fees

Please indicate discipline(s) and total fees enclosed. Fees include cost for application, certification(s), and exam. Certification fees are pro-rated based on the month submitted. **Fees are non-refundable.**

Date Applied Please only select the date range you are applying (ex. option 1).	Lead Abatement Worker	Lead Abatement Supervisor	Lead Inspector	Lead Inspector / Risk Assessor	EBL Investigator	Project Designer	Amount Due for Discipline	
Option 1: March - August	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$475	<input type="checkbox"/> No fees	<input type="checkbox"/> \$175		
Option 2: September - February	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/> No fees	<input type="checkbox"/> \$100		
<i>I am a health department employee/scholarship applicant and I do not need to submit any fees.</i>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	\$ 0	
<i>Make checks payable to the State of Michigan</i>							TOTAL AMOUNT ENCLOSED	

Please indicate the date and location you wish to take your exam:

Date:

Location:



Certification of Work Experience

DATES

From (mm/yy):

To (mm/yy):

WORK HISTORY

Employer:

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

DATES

From (mm/yy):

To (mm/yy):

WORK HISTORY

Employer:

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

DATES

From (mm/yy):

To (mm/yy):

WORK HISTORY

Employer:

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):



Certification of Work Experience Cont.

DATES

From (mm/yy):

To (mm/yy):

WORK HISTORY

Employer:

Address:

City:

State:

Zip:

Work phone:

Work description (provide specific tasks performed):

Other Registration(s), Certification(s), License(s), and Enforcement(s)

Within the last three (3) years have you had a license or certification suspended, denied, modified, or revoked by any state, Indian tribe, or U.S. EPA?

Yes

If yes, please explain on a separate sheet of paper and include in application.

No

Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application may result in immediate denial or revocation of MDHHS certification. As a condition of certification, I hereby agree to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. Violation of any of these may result in denial, fines, or revocation of MDHHS certification.

Applicant Name

Signature

Date