

Land Management Administration • Lead Poisoning Prevention Program

Lead INSTRUCTOR Accreditation Application

Mail application to: **MDE P.O. Box 1417, Baltimore, MD 21203-1417**

Keep a copy of this application for your records. Incomplete or inaccurate applications may be delayed during processing.
The application processing period is 30 days. **Please Print**

Name of Instructor Applicant (Print)	Signature	Date	Full Name of Training Company
Street Address of Applicant	City	State	Zip Code
Telephone # (daytime)	Fax #	MD Taxpayer #	E-Mail Address

Check all applicable requested instructor accreditation categories. If renewing an accreditation for a category please write your instructor accreditation # w/ expiration date in the blanks provided. Course Completion Certificates for each new accreditation must be included. On separate sheets, include all relative field experience, contractor's or training provider's names, addresses and telephone numbers.

Project Designer (PD):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Structural Steel Supervisor (S1):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Removal & Demolition Supervisor (S2):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Maintenance & Repainting Supervisor (S4):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Structural Steel Worker (W1):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Lead Abatement Worker (W2)

English
 Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Other _____
 Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Visual Inspector (VI):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Inspector Technician (IT):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

Risk Assessor (RA):

Initial Course: # _____; exp ___/___/___
 Refresher Course: # _____; exp ___/___/___

For Office Use Only:

Date Application Rec'd : _____
Deficient: Yes ___ No ___
Test Date: _____ Score: _____
Date Processed: _____
Certification Number: _____
Administrator Sign Off: _____

