

LEAD

**ARKANSAS DEPARTMENT OF HEALTH (ADH)
APPLICATION FOR LEAD-BASED PAINT TRAINER LICENSE**

Mail or Deliver to: ADH - Environmental Epidemiology
Lead-Based Paint Program
4815 West Markham St., Slot - 32
Little Rock, AR 72205-3867
501-661-2893

FOR DEPARTMENT USE ONLY

Date Received _____
Received by _____
Process Date _____

Date: _____ Initial license application Annual Certificate Fee Between Renewals Four-Year License

Name of organization: _____

Type of business: Proprietorship Partnership Corporation
 College/University Government Agency Other _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____

Type of course(s) to be taught in Arkansas (Check all that apply):

Key: *I-Initial*
R- Refresher

Inspector: I R Risk Assessor: I R
Worker: I R Project Designer: I R
Supervisor: I R

Minimum number of students per class: _____ Maximum number: _____

Number of employees used as instructors: _____

Total number of employees involved in training program: _____

Has organization received prior course approval from EPA? Yes No

If yes, please provide date of approval: _____

Has organization received course approval from any other state(s) having accreditation requirements which meet or exceed the requirements of the EPA regulations? Yes No

If yes, please list state(s): _____

Has applicant ever been refused approval by the EPA or any state authorized to approve lead-based paint training courses?

Yes No

Has applicant been subject to any enforcement actions imposed by the EPA or any state? Yes No

If so, please list state(s): _____

NOTE: The certification fee and all other required documentation must accompany this application.

As the designated Training Program Manager, I affirm that the above information is accurate, that the training program meets the requirements of Arkansas State Board of Health's Rules Pertaining To Lead - Based Paint Activities, Section III, and that the training program uses EPA-recommended model training materials or uses materials approved by a state or Indian Tribal program approved by EPA.

I am sending this form in with my annual certificate fee in the three years before my license expires.

In the interim between license renewals there have not been any changes to the training facility, equipment, or course materials which would adversely affect students' ability to learn.

Name (print) _____

Signature _____ Date: _____