

Arkansas Department of Health (ADH)

Request for Duplicate ADH Lead Certificate/ ID Card

Date:

Name: (Print)

Applicant

Signature: _____
Applicant

ADEQ/ADH Discipline Certificate No.

Verification of identity:

- Photo From training class list
- Original training certificate
- Copy training certificate
- Original ADEQ/ADH discipline certificate
- Copy ADEQ/ADH discipline certificate
- Other

Requested:

- Duplicate ADH certificate
- Duplicate ADH identification card

Receipt of \$15.00 for Duplicate Card or Certificate

- Cash
- Check, Check No. _____

Signed: _____
ADH Staffer

ADH Env. Epidemiology
Lead-Based Paint Program
4815 West Markham St. Slot-32
Little Rock AR 72205-3867