

Application for Certification of Individuals

Please remit application and all requested information including applicable fees to the following address:

EPD - Lead Fees
 P. O. Box 101896
 Atlanta, Georgia 30392



1. Type of Certification

Check the box(es) for the type of certification for which you are applying. For explanation regarding the training and education requirements associated with each individual discipline, please refer to the Rules (391-3-24.05) or the certification requirement information attached.

a. <input type="checkbox"/> Lead Inspector	b. <input type="checkbox"/> Lead Risk Assessor	c. <input type="checkbox"/> Lead Supervisor	d. <input type="checkbox"/> Lead Project Designer
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2. Applicant Information

Date of Application		Social Security Number	
First Name		Last Name	
Applicant Street Address			
City	State	Zip	Phone No ()
Date of Birth	Sex	Height	Weight
Fax Number ()		E-mail	

3. Firm Information

Company Name		
Company Address		
City	State	Zip
Phone Number ()	Fax Number ()	
Primary Contact Person	Lead Firm License Number	

4. Education Information

Refer to the certification requirement information enclosed for education requirements specific to the discipline for which you are applying. Complete all applicable information below.

Circle last grade of school completed 7 8 9 10 11 12 GED College Graduate School

High School/College	Location (City & State) State	Degree Received	Degree Completion Date

For Program Use Only

Check Amount	Check Number	Deposit Number	
Deposit Date	Payor	Received By	Date Received

5. Previous Employer

Please list previous employer and supervisor who are able to verify the work experience.

Company

Supervisor's Name

Dates of Employment

Street Address

City

State

Zip

Phone Number ()

6. Experience

For work experience, the Division shall recognize a resume or letter of reference from a current or previous employer as evidence of meeting the work experience requirements. **Work history should indicate inclusive dates of experience, employer's name, address and phone number, positions held, projects completed and job responsibilities held during the projects.**

7. Fees

Please enclose applicable fees for each certification requested in the form of check or money order payable to the *EPD- Lead Fees*.

DISCIPLINE	AMOUNT	ANNUAL RENEWAL DATE
Lead Inspector	\$150.00	12 months from last date of required training
Lead Risk Assessor	\$150.00	12 months from last date of required training
Lead Supervisor	\$150.00	12 months from last date of required training
Lead Project Designer	\$150.00	12 months from last date of required training

8. Applicant Verification of Information

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that the submitted information is true, accurate and complete.

Signature of Applicant

Date

9. Enclosures Required:

Completed application (social security, height, weight, date of birth)

Original application with original signature and date

Original certificates (initial, refresher and third party exam) Originals will be sent back.

Fees (\$150 for Supervisor, Inspector, Risk Assessor, Project Designer)

Submit two (2) current 1¼ inch x 1¼ inch color passport photographs of the applicant with the applicant's name, social security number, and original signature on the back of the pictures.