

Application for Certification of Lead Worker



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. 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

2. Firm Information

Company Name		
Company Address		
City	State	Zip
Phone Number ()	Fax Number ()	
Contact Person	Owner/President of Company	

3. Fees

Please enclose applicable fee in the form of check or money order payable to *EPD-Lead Fees*.

DISCIPLINE	AMOUNT	ANNUAL RENEWAL DATE
Lead Worker	\$25.00	12 months from last date of required training

4. 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 _____

For Program Use Only

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