

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
LICENSE APPLICATION FOR
LEAD SUPERVISOR, LEAD INSPECTOR AND LEAD RISK ASSESSOR

Check type of license applied for:
Lead Supervisor \$50.00 Lead Inspector \$100.00\* Lead Risk Assessor \$100.00\*
\*When applying for Risk Assessor a separate Lead Inspector license/exam is not needed.

Check or money order shall be made payable to the Illinois Department of Public Health (IDPH). All fees are non-refundable. Applicants for lead supervisor, lead inspector and lead risk assessor shall submit a \$50.00 3rd Party exam fee and a completed exam application. All applicants shall submit a current 1" x 1" photograph for each type of license, copies of appropriate training certificates, experience and education requirements.

APPLICANT NAME: Last Name First Name Middle Initial
HOME ADDRESS: APT# or FLOOR
CITY: STATE: ZIP CODE:
COUNTY: HOME PHONE: ( ) DOB SS#

In accordance with the requirements of the Illinois Administrative Procedure Act, 5 ILCS 100, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

EMPLOYER:
EMPLOYER ADDRESS:
CITY: STATE: ZIP CODE:
COUNTY: PHONE: ( ) FAX: ( )

It is required by law (5ILCS/100/10-65) that all applicants shall complete and sign the following statement: FAILURE TO COMPLETE AND SIGN THE CHILD SUPPORT STATEMENT will result in the return of your application and delays in processing your license. Making a false statement may place you in CONTEMPT OF COURT. I hereby certify, under penalty of perjury, that
I am more than 30 days delinquent in complying with any child support order. OR
I am NOT more than 30 days delinquent in complying with any child support order. OR
This statement does not apply.

I hereby certify that the information submitted is true and valid, and I understand that the Illinois Department of Public Health may deny, suspend or revoke my Lead License for knowingly making false or fraudulent claims.

Signature of Applicant Date

License will not be issued without a current photo.

The Public Information Disclosure form accompanying this application must be completed and returned to this office to allow the Department to release your contact information. ONLY those lead professionals who complete this form and return it to this office will be included in Department lists. The Public Information Disclosure form is incorporated into all license applications and training course provider approval applications to address the release of contact information to the general public.

IMPORTANT NOTICE
THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC LAW PA 87-175. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANT'S LICENSE.

**LEAD SUPERVISOR**

COMPLETE THIS PORTION OF THE APPLICATION IN DETAIL

Experience Shall be Listed in Hours = 2,000 Hours Equal One Year

Supervisor experience requirements are either ONE year experience as a licensed lead-based paint abatement worker; OR TWO years experience in a related field (e.g. lead, asbestos, or environmental remediation work) or in the building trades.

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr) (mo) (yr)

Total in Hours \_\_\_\_\_

List Duties and Responsibilities \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr) (mo) (yr)

Total in Hours \_\_\_\_\_

List Duties and Responsibilities \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr) (mo) (yr)

Total in Hours \_\_\_\_\_

List Duties and Responsibilities \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr) (mo) (yr)

Total in Hours \_\_\_\_\_

List Duties and Responsibilities \_\_\_\_\_

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**LEAD RISK ASSESSOR**

COMPLETE THIS PORTION OF THE APPLICATION IN DETAIL

Copies of Transcripts or Degrees Must be attached

Experience Shall be Listed in Hours = 2,000 Hours Equal One Year

- \_\_\_ 1. A bachelor's degree in science, engineering or environmental health (**copies of transcripts or degrees must be attached**). No experience requirements; **OR**
- \_\_\_ 2. Be licensed as an industrial hygienist, professional engineer, architect or environmental health practitioner (**copies of licenses and certificates must be attached**). No experience requirements; **OR**
- \_\_\_ 3. A bachelor's degree in any discipline (**copies of transcripts or degrees must be attached**) and one year of experience in a related field (e.g., lead, asbestos, environmental remediation work, or construction); **OR**
- \_\_\_ 4. An associate's degree in any discipline (**copies of transcripts or degrees must be attached**) and two years of experience in a related field (e.g., lead, asbestos, environmental remediation work, or construction); **OR**
- \_\_\_ 5. A high school diploma or equivalent GED (**copy of transcript or degree must be attached**) and at least three years experience in a related field (e.g., lead, asbestos, environmental remediation work, or construction).  
Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(mo) (yr) (mo) (yr)  
List Duties and Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Total in Hours \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(mo) (yr) (mo) (yr)  
List Duties and Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Total in Hours \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(mo) (yr) (mo) (yr)  
List Duties and Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Total in Hours \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(mo) (yr) (mo) (yr)  
List Duties and Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Total in Hours \_\_\_\_\_

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
ENVIRONMENTAL LEAD PROGRAM**  
*Public Information Disclosure Form*

Complete this form if you want the Illinois Department of Public Health (Department) to release for public distribution, through freedom of information (FOI) request, Internet listing, etc., your business and/or personal contact information.

Your signature on the line below authorizes this Department to publish your business address and telephone number and/or your personal address and telephone number. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below.

I authorize the Illinois Department of Public Health to include my: (*Check only ONE box*)

- Business address, telephone and fax number
- Personal address, telephone and fax number
- I do not wish to be listed on the Illinois Dept. of Public Health listings

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_

Company Name (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
*Signature* of Applicant

\_\_\_\_\_  
Date

**Submit this form to:** Illinois Department of Public Health  
Environmental Lead Program  
525 West Jefferson Street  
Springfield, IL 62761

**This form may be faxed to:** 217/557-1188