



U. S. ENVIRONMENTAL PROTECTION AGENCY

ACCREDITATION APPLICATION
FOR TRAINING PROGRAMS

Important: Consult the *Instructions for Training Programs Applying for Accreditation of Lead-Based Paint Activities Courses* and the official requirements reprinted there to complete this form. **Please type or print responses in black or blue ink only.**

A. General Information

Select one of the following application types:

- Initial accreditation application
- Re-accreditation application
- Adding additional jurisdiction(s) to accreditation/amending accreditation
- Replacement of a certificate

Official Use Only

For information on EPA and other lead programs, see: <http://www.epa.gov/lead>

Indicate the course(s) for which you seek accreditation or re-accreditation. List all EPA-run jurisdiction(s) in which you intend to conduct lead-based paint activity training. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal land(s) in any one EPA Region. Attach additional sheets of paper, as necessary.

Check here to be listed on EPA's web site

The fee you must pay depends on the number of disciplines and EPA-run jurisdiction(s) in which you plan to conduct lead-based paint activity training. See the fees schedule in the instruction booklet to determine your fee. The total fee listed below should include fees calculated on any additional sheets.

	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Fee
	I	R	I	R	I	R	I	R	I	R	
_____	<input type="checkbox"/>	\$ _____									
1 st EPA-run jurisdiction* (pay base accreditation fee only)	<input type="checkbox"/>	\$ _____									
_____	<input type="checkbox"/>	\$ _____									
2 nd EPA-run jurisdiction*	<input type="checkbox"/>	\$ _____									

Check here if you are listing additional EPA-run jurisdiction(s)

(List on additional sheets of paper and attach, as necessary. Each additional jurisdiction \$35 per discipline, per jurisdiction.)

*See the definition of EPA-run jurisdiction(s) and the fee examples in the instruction booklet. For current listing of EPA-run jurisdictions, see www.epa.gov/lead or call 1-800-424-LEAD.

Worker courses in a language **other than English** (list each language separately): _____
(Note: Only worker course(s) can be taught in a language other than English. \$1,760 for initial course, \$1,010 for refresher course, and \$35 for each additional EPA-run jurisdiction per language.)

\$ _____
Total Fee: \$ _____

- Do you request a fee waiver as a:
- Local government applicant
 - State government applicant
 - Nonprofit applicant: (Nonprofit means an entity that has demonstrated to any branch of the Federal Government or to a state, municipal, tribal, or territorial government, that no part of its net earnings inure to the benefit of any private shareholder or individual.)

If your training program designation is nonprofit, specify the IRS-issued number below and submit a copy of an official IRS letter confirming such designation. If another agency/state has designated your nonprofit status, indicate the agency/state and corresponding identification number and attach appropriate documentation.

- 501(c)(3) _____ IRS-issued number 501(c)(5) _____ IRS-issued number 501(c)(9) _____ IRS-issued number Other _____

B. Applicant Information

Name of Training Program and Street Address: _____
Business, State, Agency, etc.

Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

Mailing Address: _____
(if different from above) Address _____ City _____ State _____ Zip Code _____

Applicant's Phone #: (____) ____-____ ext. ____ Applicant's Fax #: (____) ____-____

Applicant's E-mail Address: _____

Please list all types of facilities and locations at which training will take place. Attach additional sheets of paper, as necessary. (For more information, see the official requirements at 40 CFR §745.225(c)(5) reprinted in the instruction booklet.)

Type of Facility _____ Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

Type of Facility _____ Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

C. Qualifications of Training Program Manager

(For more information, see the official requirements at 40 CFR § 745.225(c) reprinted in the instruction booklet.)

Name of Training Program Manager: _____
Last First Middle

Training Program Manager's Title: _____

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §745.225(c)(1)(i), (ii), or (iii):

Check one of the following:

- Experience **or** Education **or** Training **or** Bachelors or graduate degree in any field **or** Experience managing a training program specializing in environmental hazards

Circle the supporting documentation attached for the box checked above:

- | | | | | |
|----------------------------------|------------------|-----------------|------------------|----------------------------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> | <u>Bachelors</u> | <u>Management experience</u> |
| Resume | Diploma | Diploma | Diploma | Resume |
| Letter of Reference | Transcript | Transcript | Transcript | Letter of Reference |
| Documentation of Work Experience | | Certificate | | Documentation of Work Experience |

Construction Industry Requirement of §745.225(c)(1)(iv):

Check one of the following:

- Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

- | | | |
|----------------------------------|------------------|-----------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> |
| Resume | Diploma | Diploma |
| Letter of Reference | Transcript | Transcript |
| Documentation of Work Experience | | Certificate |

D. Qualifications of Principal Course Instructor (Attach a separate sheet for each individual.)

(For more information, see the official requirements at 40 CFR § 745.225(c) reprinted in the instruction booklet.)

Name of Principal Course Instructor for each course: _____
Last First Middle

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §745.225(c)(2)(i):

Check one of the following:

- Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

- | | | |
|----------------------------------|------------------|-----------------|
| <u>Experience</u> | <u>Education</u> | <u>Training</u> |
| Resume | Diploma | Diploma |
| Letter of Reference | Transcript | Transcript |
| Documentation of Work Experience | | Certificate |

Completion of Accredited Lead-specific Training Requirement of §745.225(c)(2)(ii):

Check as many that apply and complete information for each. Attach additional sheets of paper, as necessary.

Discipline: Inspector Supervisor Risk Assessor Project Designer Abatement Worker

Specify EPA or name of accrediting EPA-authorized state, U.S. territory, or Indian tribe: _____

Name of Trainer: _____ Name of Training Program: _____

Training Program Address: _____
Street Address, Suite Number City State Zip Code

Training Program Phone #:(_____) _____-_____ ext. _____ Date Training Completed: _____
Month/Day/Year

Training Certificate Identification Number: _____

Construction Industry Requirement of §745.225(c)(2)(iii):

Check one of the following:

Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>
Resume	Diploma	Diploma
Letter of Reference	Transcript	Transcript
Documentation of Work Experience		Certificate

E. Lead-Based Paint Activity Violations

Does the training program have any past, present, or pending lead-based paint activity violations of EPA, state, U.S. territory, or Indian tribal land(s) regulations? Yes No

If yes, please attach a written explanation.

F. Certification of Course Training Material

I certify that I am using the course training materials as marked in the boxes below for each of the courses that I am seeking accreditation as required by §745.225(b)(1)(iii). My signature in Section I applies to this Section F.

	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker
EPA recommended training materials	<input type="checkbox"/>				
Authorized state course/program (attach documentation that course and/or program is state-approved)	<input type="checkbox"/>				
Other LBP training (contact the Help Line at 1-800-424-LEAD)	<input type="checkbox"/>				

G. Re-accreditation Applicants Only

Use the following space to describe any changes to the training facility, equipment, or course materials since the training program's last application was approved. Attach additional sheets of paper, as necessary. (For more information, see the official requirements at 40 CFR §745.225(f)(3)(iii) reprinted in the instruction booklet.)

H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and want EPA to consider with your application. Attach additional sheets of paper, as necessary.

I. Certification Statement

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Parts A through H of this application, including any attachments, meets the requirements established in paragraph (c) of 40 CFR § 745.225. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to 40 CFR § 745.225 and conduct lead-based paint activities training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or to imposition of applicable criminal and civil penalties and/or administrative remedies.

Date Signed

Training Program Manager's Signature
(Please sign legibly within the boundaries of the box above.)

Before you mail your application and accreditation fee, make sure that you have two (2) envelopes – one (1) for your application and one (1) for your fee – and have:

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed education, experience, and other documentation for the Training Program Manager and Principal Course Instructor
- Enclosed a description of facilities and equipment
- Enclosed the course test blueprint
- Enclosed a description of activities and procedures for hands-on skills assessment
- Enclosed quality control plan(s)
- Enclosed course manual(s) and course agenda(s) (if not using EPA recommended or authorized State or Indian tribe approved training materials)
- Enclosed a photocopy of the appropriate accreditation fee(s) (check or money order) and perforated fee payment stub (from the instruction booklet) in the envelope with your application

In the first envelope, mail original completed application, supporting materials, and a photocopy of the appropriate accreditation fee to:

U.S. Environmental Protection Agency
OPPTS (MC 74040T)
LBP Activities Accred./Cert. Request
1200 Pennsylvania Avenue, NW
Washington, DC 20460

- Completed and enclosed the perforated fee payment stub (from the instruction booklet) in the envelope for your fee
- Printed "Lead Program User Fees" on the check or money order

In the second envelope, mail accreditation fee and perforated fee payment stub to:

U.S. Environmental Protection Agency
Washington Financial Management Center
Lead Program User Fees
P.O. Box 360277M
Pittsburgh, PA 15251

For more information, see the fees section in the instruction booklet