



# APPLICATION FOR INDIVIDUAL LEAD LICENSE

State Form 49240 (R7 / 4-11)  
Approved by State Board of Accounts, 2011  
INDIANA STATE DEPARTMENT OF HEALTH

- INSTRUCTIONS:**
- This form must be used to apply for licenses pursuant to 410 IAC 32. If accessing this form on-line, you may print the blank form and fill it out by hand; **or** you may fill it in on-line, then save it to your computer and print a hard copy for submission with original signatures.
  - Please type or print in ink.**
  - Return this form, required addenda, and check or money order made payable to "ISDH Lead and Healthy Homes Program" by mail to:  
**Cashier's Office**  
**Indiana State Department of Health**  
**PO Box 7236**  
**Indianapolis, Indiana 46207**

APPLICATION TYPE:	
<b>Type of application (check one):</b>	
<input type="checkbox"/>	Initial license
<input type="checkbox"/>	Renewal of license

## PART A: GENERAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

1. Applicant name Last			First	Middle Initial		
2. Home telephone number: (____) ____ - ____			3. E-mail address:			
4. Address where license should be mailed Street			City	State	ZIP code	
5. Company name (if applicable):			6. Company telephone number: (____) ____ - ____			
7. Date of birth Month Day Year ____/____/____	8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Height: ____ feet ____ inches	10. Weight: ____ pounds	11. Eye color: ____	12. Hair color: ____	

## PART B: PHOTOGRAPHIC IDENTIFICATION - APPLIES TO ALL APPLICANTS

<p>► Pursuant to 410 IAC 32-2-4(e) and 32-2-5(c), the applicant shall provide the Department two (2) copies of a clear and recent one and one-half inch (1-1/2") by one and one-half inch (1-1/2") identifying digital photograph to be added to their file. Please enclose your photographs with this application.</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; padding: 20px;">LEAVE THESE SPACES BLANK</td> <td style="width: 50%; padding: 20px;">FOR OFFICE USE ONLY</td> </tr> </table>	LEAVE THESE SPACES BLANK	FOR OFFICE USE ONLY
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## PART C: LICENSE RECIPROCITY

ARE YOU APPLYING FOR INDIANA LEAD LICENSE(S) BASED ON LICENSE RECIPROCITY?:	
<input type="checkbox"/> <b>YES</b> - Follow instructions below	<input type="checkbox"/> <b>NO</b> - Skip to Section D and complete the rest of application
<p>Persons applying for an Indiana lead license under license reciprocity (410 IAC 32-2-7) must do the following:</p> <ul style="list-style-type: none"> <li>Complete parts A, B, C, G, and I of this application.</li> <li>Attach to this application a legible copy of all current lead-based paint program licenses.</li> <li>If applicant is applying for Inspector, Risk Assessor, Project Designer, or Project Supervisor licenses, provide proof that applicant passed the appropriate third-party examination(s).</li> <li>Provide proof that applicant has attended an Indiana-approved <u>Indiana 2 Hour Rules Awareness</u> course.</li> <li>Pay the appropriate license application fee(s) outlined in Part G of this application.</li> </ul>	

**PART D: EDUCATION**

► **High School**

12. High school name, city & state:

13. High school degree?

No  Yes - Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

14. GED Certificate

No  Yes - Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART E: WORK EXPERIENCE**

► List below, beginning with your most recent job, only work experience that pertains to the license(s) for which you are applying. Additional sheets may be attached if necessary. A resume may be attached instead of completing this section.

→ **WORK EXPERIENCE 1**

Employer name:		Employer telephone number: (____) ____ - ____	
Employer address Street			
City		State	ZIP code
Type of business or organization:			
Exact title of position:			
Name/title of immediate supervisor:			
Specific job duties ( <i>in detail</i> ):			
Dates employed <b>FROM</b> ____/____/____ <b>TO</b> ____/____/____ (Month / Year) (Month / Year)	Employment type <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Number of hours/week	Number of employees you supervised

→ **WORK EXPERIENCE 2**

Employer name:		Employer telephone number: (____) ____ - ____	
Employer address Street			
City		State	ZIP code
Type of business or organization:			
Exact title of position:			
Name/title of immediate supervisor:			
Specific job duties ( <i>in detail</i> ):			
Dates employed <b>FROM</b> ____/____/____ <b>TO</b> ____/____/____ (Month / Year) (Month / Year)	Employment type <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Number of hours/week	Number of employees you supervised

**PART F: LEAD TRAINING INFORMATION**

- Pursuant to 410 IAC 32, provide a copy of all required certificates of training indicating successful completion of approved initial course(s) and any requisite refresher training course(s).
- **Initial License:** You must attach a copy of your initial training certificate and all refresher training certificates, if any, for every license for which you are applying. NOTE: If your training is not Indiana-approved, you must also attach a copy of your Indiana-approved Indiana Rules Awareness course certificate.
  - **Renewal License:** You must attach a copy of your current refresher training certificate for every license for which you are applying.
- If copies of all required training certificates are not attached, **application will be denied** pending submittal of the required documents.

**PART G: LICENSE FEES**

15. Listed below is the annual license application fee for each discipline. Check the appropriate box for each discipline for which you are applying and enter the total amount enclosed.

- Inspector \$150
- Risk Assessor \$150
- Project Supervisor \$150
- Project Designer \$150
- Worker \$150
- Clearance Examiner \$150

→ Total enclosed: \$ \_\_\_\_\_

**INSTRUCTIONS:**

Make all checks and money orders payable to **"ISDH Lead and Healthy Homes Program"**.

- Per HEA 1725 (effective 5/3/99), local, city, county, and state government agencies are **exempt** from lead license fees.
- Pursuant to 410 IAC 32-2-9, the nonrefundable application fee is **not**:
- transferable from one (1) type of lead license to another,
- transferable from one (1) person to another,
- transferable to any other type of license issued by the department, unless requested by the applicant and approved by the department within three (3) days of submittal to the department or prior to application processing by the department, whichever is earlier.

**PART H: REGISTRATION FOR LEAD-BASED PAINT THIRD-PARTY EXAM(S)**

► If you have not already taken appropriate lead third-party exam(s) and you want to take the exam(s) in Indiana, please fill out the attached Indiana third-party exam registration form (State Form 50748) only when applying for an initial Inspector, Risk Assessor, Project Supervisor and/or Project Designer license(s) and only if you have already completed the requisite training courses.

**PART I: SIGNATURE**

► **IMPORTANT**

- Allow one (1) to two (2) weeks for processing of a **complete application package** and receipt of your license(s).
- Make sure you have completed all appropriate sections of this application and have included all required addenda. Sign and date the application and return it to the **Cashier** address shown on page one (1) of this application. Applications will be returned which are incomplete or contain errors in response to any questions on the form and will result in a delay in processing and issuance of your license(s).
- All information requested on this application is **mandatory** for the administration and processing of your license application pursuant to 410 IAC 32. Except for scores on any training examination, all other personal data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 326 IAC 17-1-4.
- Make sure you have enclosed two (2) 1-1/2 inch by 1-1/2 inch color photographs of the applicant. License(s) cannot be issued without photographs.
- Applicant must sign the two (2) signature cards below.

I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE CARDS**

**APPLICANT MUST SIGN THE SIGNATURE CARDS BELOW. APPLICATION WILL BE DENIED IF THE CARDS ARE NOT SIGNED.**

THIS LICENSE IS ISSUED FOR THE SOLE USE OF THE UNDERSIGNED AND IS NON-TRANSFERABLE. ANY USE OR POSSESSION, EXCEPT AS PRESCRIBED, IS PROHIBITED BY LAW. THIS LICENSE MUST BE IN THE POSSESSION OF THE UNDERSIGNED WHEN PERFORMING LEAD-RELATED ACTIVITIES AS PRESCRIBED BY 410 IAC 32.

\_\_\_\_\_  
SIGNATURE

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\_\_\_\_\_  
SIGNATURE