

NORTH CAROLINA LEAD DUST SAMPLING TECHNICIAN CERTIFICATION APPLICATION

PLEASE TYPE OR PRINT IN INK

APPLICANT'S NAME: _____ DATE OF BIRTH: _____
(FIRST, MIDDLE INITIAL, LAST) (MM/DD/YYYY)

APPLICANT'S HOME ADDRESS (The way it is to appear on Identification Card):

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ EMAIL ADDRESS: _____
(M/F)

TELEPHONE: (____) _____ ALTERNATE TELEPHONE: (____) _____
PLEASE CIRCLE: CELL HOME WORK PLEASE CIRCLE: CELL HOME WORK

IF RENEWAL, PLEASE INDICATE DUST SAMPLING TECHNICIAN CERTIFICATION NUMBER: _____

DUST SAMPLING TECHNICIAN CERTIFICATION APPLICATION FEES – Check only one:

- Initial/Renewal Application Fee -- \$150
- Duplicate ID Card -- \$15
(Duplicate ID cards are issued only when the original ID card has been lost, stolen, or irreparably damaged.)

In accordance with N.C.G.S. §130A-453.22(b)(1), a Dust Sampling Technician shall be employed by a Certified Renovation Firm. Please supply the following information for the CERTIFIED RENOVATION FIRM:

CERTIFIED RENOVATION FIRM NAME: _____ FIRM CERTIFICATION #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ FAX NUMBER: (____) _____

Certified Dust Sampling Technicians shall complete accredited dust sampling technician training in accordance with N.C.G.S. §130A-453.22(b)(1). Please supply the following TRAINING COURSE AND TRAINING PROVIDER information as listed on the most recent course certificate. *Attach all applicable original course certificates to this application.*

TRAINING PROVIDER: _____ DATE(S) ATTENDED: _____

NAME OF COURSE COMPLETED: _____

OATH

I hereby acknowledge that I have read and understand this application, and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that certification issued pursuant to this application will be subject to revocation if issuance is based on incorrect or inadequate information that materially affected the decision to issue the certification (N.C.G.S. §130A-23).

APPLICANT'S ORIGINAL SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT USE ONLY

CERTIFICATION NUMBER: _____ EXPIRATION DATE: _____

CHECK/M.O. NUMBER: _____ AMOUNT PAID: _____

APPROVING SIGNATURE: _____ DATE: _____

USPS MAILING ADDRESS:
HEALTH HAZARDS CONTROL UNIT
NC DHHS—DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912

EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
HEALTH HAZARDS CONTROL UNIT
NC DHHS—DIVISION OF PUBLIC HEALTH
5505 SIX FORKS ROAD, 2nd FLOOR, ROOM D-1
RALEIGH, NC 27609

INSTRUCTIONS

FOR COMPLETION OF NORTH CAROLINA LEAD DUST SAMPLING TECHNICIAN CERTIFICATION APPLICATION

PURPOSE

A North Carolina Lead Dust Sampling Technician Certification Application shall be submitted in order to request a North Carolina certification number and photo-identification card for dust sampling technician as per N.C.G.S. §130A-453.24, N.C.G.S. § 130A-453.25, and NCAC 41C .0902(c), Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting Rules.

If your NC certification photo-identification card is lost or stolen, contact the HHCU immediately.

PREPARATION

All information is to be completed by the applicant, and the application must be filled out completely, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter your full name, and date of birth. The North Carolina Department of Labor, Wage and Hour Act, considers work involving lead-based paint hazardous to the health of youths. Certifications shall not be issued to individuals who are not at least eighteen (18) years of age.

Enter your address, city, state, and zip code as you want it to appear on your photo identification card. Enter your sex (male/female), height (feet and inches) and weight (pounds). Include your email address if you have one. The telephone number and optional alternate telephone number should be complete with the area code. Indicate if each phone number is your cell-phone, home phone, or work phone number.

Indicate your certification number if you are applying for certification renewal.

Indicate the appropriate fee. The certification fee for initial or renewal certification is \$150.00. The fee for a duplicate ID card is \$15.00. Please be advised that duplicate ID cards will be issued **only** when the original ID card has been lost, stolen or damaged beyond repair. When possible, the HHCU will require the applicant to return the original ID card before issuing a duplicate ID card.

In accordance with N.C.G.S. §130A-453.22(b)(1), Dust Sampling Technicians must be employed by a Certified Renovation Firm. Please indicate the Certified Renovation Firm's name, firm certification number, mailing address, city, state, zip code, and telephone and fax numbers complete with area codes.

When entering the Training Provider and Training Course information, use the information on the course certificate from the accredited dust sampling technician training course you most recently successfully completed. Indicate the name of the training provider who presented the accredited dust sampling technician training course. Include the actual name of the course, specifying whether it was an initial or refresher course and the language in which the course was taught. Indicate the date(s) the course was attended.

Read the OATH carefully. If a forged certificate or any misinformation is found to exist, the individual may be subject to revocation of certification. The application shall be signed and dated by you, the applicant, in ink. An original signature is required on the application. Faxes will not be accepted.

ADDITIONAL REQUIREMENTS AND SUPPORTING DOCUMENTATION

Per 10A NCAC 41C .0902, an applicant for *initial* dust sampling technician certification shall have successfully completed an accredited initial dust sampling technician training course within the 12 months immediately preceding application. Initial certification will expire on the last day of the twelfth month after training was taken.

Per 10A NCAC 41C .0902, an applicant for *renewal* of dust sampling technician certification shall have successfully completed the required accredited refresher training course, or initial training course if no approved refresher training exists, within 48 months prior to applying for certification renewal. Renewal certification will expire on the last day of the twelfth month from the date of certification.

Confirmation of training shall be in the form of **an original certificate of completion** of the accredited training course, or an original letter from the training provider confirming successful completion of the course on the training provider's letterhead, or an original letter from the training provider listing names of persons who have successfully completed the training course, with the applicant's name included.

If this is an initial application for dust sampling technician certification, attach the original course certificate you received upon successful completion of the accredited dust sampling technician initial course. If requesting initial certification in North Carolina after completion of initial *and* refresher courses, the original course certificates from the initial training course and all refresher courses are required.

If this is an application for renewal of North Carolina dust sampling technician certification, attach the original course certificate from your most recent, successfully-completed, accredited dust sampling technician course. Ensure that there is not a gap in training of more than 48 months from the last course certificate submitted to the Health Hazards Control Unit (HHCU) for dust sampling technician certification purposes.

Enclose a check or money order. The application will not be processed without the appropriate fee enclosed. The fee for initial or renewal dust sampling technician certification is \$150.00. The fee for a duplicate ID card is \$15.00. Make the check or money order payable to: NC DHHS – HEALTH HAZARDS CONTROL UNIT. **DO NOT SEND CASH.**

Enclose **one photograph of the applicant per application** submitted. The photograph provided on the training course certificate will not be accepted. Photographs shall be in color and 1 ¼" x 1 ¼" in size with the applicant's name printed on the back. The HHCU will not accept photographs with headwear, sunglasses, profile, or photos in black and white. Photographs that are not **current**, i.e., photographs from old photo-id cards or a copy of last year's photograph, will also not be accepted. Applications submitted without photographs will be returned as incomplete.

The completed application form with supporting documentation should be mailed to:

FOR US POSTAL SERVICE:

Health Hazards Control Unit
NC DHHS –Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:

Health Hazards Control Unit
NC DHHS – Division of Public Health
5505 Six Forks Road, 2nd Floor, Room D-1
Raleigh, NC 27609

FOR ADDITIONAL INFORMATION

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:
<http://www.epi.state.nc.us/epi/lead/lhmp.html>