

## NORTH CAROLINA LEAD RENOVATOR CERTIFICATION APPLICATION

**\*\*PLEASE TYPE OR PRINT IN INK\*\***

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(Applicant's home address)

SEX: \_\_\_\_\_ (M/F) EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ALTERNATE TELEPHONE: ( ) \_\_\_\_\_

PLEASE CIRCLE: CELL HOME WORK PLEASE CIRCLE: CELL HOME WORK

IF RENEWAL, PLEASE INDICATE NC RENOVATOR CERTIFICATION NUMBER (e.g., 170425): \_\_\_\_\_

In accordance with N.C.G.S. §130A-453.22(b)(3), Certified Renovators shall be employed by a Certified Renovation Firm. Please supply the following information for the CERTIFIED RENOVATION FIRM:

NC CERTIFIED RENOVATION FIRM NAME: \_\_\_\_\_

NC FIRM CERTIFICATION NUMBER (e.g., RRP4257): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

Certified Renovators shall complete accredited renovator training in accordance with N.C.G.S. §130A-453.22(b)(3). Please supply the following TRAINING COURSE AND TRAINING PROVIDER information as listed on the most recent course certificate. *Attach copies of all applicable course certificates to this application.*

TRAINING PROVIDER NAME: \_\_\_\_\_ COURSE CERTIFICATE NO: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_ COURSE LOCATION: \_\_\_\_\_  
(City and State)

DATE(S) ATTENDED: \_\_\_\_\_ DATE OF EXAM: \_\_\_\_\_ TRAINING EXPIRATION DATE: \_\_\_\_\_

**ATTENTION!** Have you attached:  a copy of course certificate(s)  
 a separate color photo meeting the requirements of attached instructions

### 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: \_\_\_\_\_

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, 2<sup>nd</sup> FLOOR, ROOM D-1  
RALEIGH, NC 27609

## INSTRUCTIONS

### FOR COMPLETION OF NORTH CAROLINA LEAD RENOVATOR CERTIFICATION APPLICATION

#### **PURPOSE**

A Lead Renovator Certification Application shall be submitted in order to request North Carolina renovator certification as per N.C.G.S. §130A-453.24, N.C.G.S. § 130A-453.25 and 10A NCAC 41C .0902(d), Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting Rules.

#### **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. Enter your gender (male/female) and 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.

If this is an initial application for renovator certification, attach a copy of the course certificate you received upon successful completion of the 8-hour accredited renovator course.

If you have never been certified by the HHCURRP Program and you are requesting *initial* certification in North Carolina after completing an 8-hour course and subsequent refresher courses were taken, attach copies of **all** course certificates received upon successful completion of training.

If you are applying for certification *renewal*, provide your NC certification number on the application. An example certification number for a NC certified renovator would be a six-digit number beginning with "17" (e.g., 170448). You must apply to renew your certification either every three or five years depending on your training course expiration date in order to maintain your certification. If renewing, your NC certification number can be found on the state issued certification letter from the HHCURRP which is in the box on the upper right portion of the letter.

Additionally, if this is an application for *renewal* of North Carolina renovator certification, attach a copy of the course certificate from your most recent, successfully-completed accredited renovator course. Either an 8-hour or 4-hour refresher is acceptable, as long as there is not a gap of more than 60 months since the last course. If there is a gap of more than 60 months you will need to take an initial 8 hr. course in order to renew your certification.

In accordance with N.C.G.S. §130A-453.22(b)(3), Certified Renovators conducting renovation activities must be employed with a Certified Renovation Firm. Please indicate the Certified Renovation Firm's name, their North Carolina renovation firm certification number (e.g., RRP4257), mailing address, city, state, zip code, and telephone and fax numbers complete with area codes.

## **ADDITIONAL REQUIREMENTS AND SUPPORTING DOCUMENTATION**

When entering the Training Provider and Training Course information, use the information on the course certificate from the accredited renovator training course you most recently successfully completed. Indicate the name of the training provider who presented the accredited renovator training course. Include the actual name of the course, specifying whether it was an initial or refresher course, the course location (city and state). Indicate the inclusive dates of the course, the date of the exam, the expiration date of the training, and the course certificate number.

Per 10A NCAC 41C .0902, an applicant for initial renovator certification shall have successfully completed an accredited initial renovator training course prior to application, or, if initial training was completed more than 60 months prior to application, the applicant shall have successfully completed an accredited refresher renovator training course at least every 60 months from the date of completion of initial training.

Enclose **one photograph of the applicant per application** submitted. Photographs shall be in color and wallet-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., a copy of the photograph submitted with the last application, will also not be accepted. Applications submitted without photographs will be returned as incomplete.

Read the OATH carefully. If issuance of certification was based upon incorrect or any misinformation provided as part of the application, your certification may be subject to revocation. 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.

### **For Additional Forms and Information**

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at: <http://epi.publichealth.nc.gov/asbestos/ahmp.html>

**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, 2<sup>nd</sup> Floor, Room D-1  
Raleigh, NC 27609**