



Kansas Department of Health and Environment
 Bureau of Family Health
 Healthy Homes & Lead Hazard Prevention Program
 1000 SW Jackson, Suite 200, Topeka, KS 66612
 Phone: (866) 865-3233 Fax: (785) 559-4246
 Email: KDHE.lead@ks.gov
 Website: www.kshealthyhomes.org



INSTRUCTIONS FOR COMPLETING THE CERTIFIED RENOVATOR APPLICATION

Please print clearly or type all the information requested on the application. The processing time for completed applications is generally 5-7 business days. Applications are processed in the order they are received and may take up to 30 days during peak renewal times. Submitting an incomplete application will delay processing. If you do not receive an incomplete application notice or your certification within 30 days please contact our office.

A copy of your training diploma must be submitted with your application. If you have taken a refresher course but were not previously certified in Kansas, you must also submit a copy of your initial training course diploma.

Training requirements

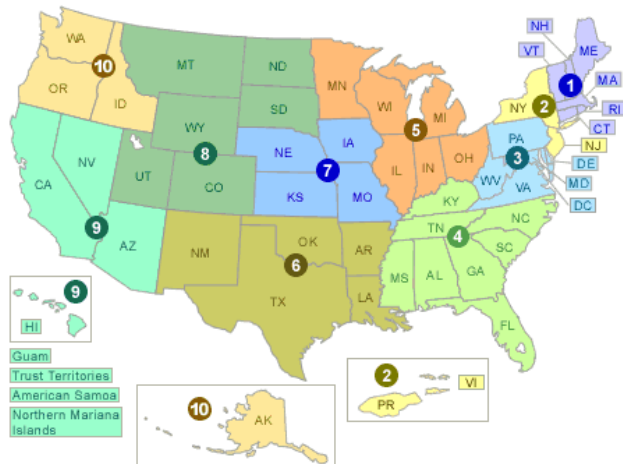
All applicants for certification must have successfully passed an initial Lead Safe Work Practices in Kansas training course and passed any applicable refresher courses. You have one year from the date of your training to submit an application. If your training was over one year ago, you will be required to take a refresher course before you can proceed with certification.

If your training was conducted by a non-KDHE accredited training provider you will be required to take a third party exam. We will send you instructions on how to register for this exam once your application has been received and reviewed. Applicants failing to achieve a passing score (80%) on the exam will be required to successfully complete the Lead Safe Work Practices in Kansas training course.

Self-employed individuals

If you do not have a formal business name you operate under, please list your name in the PRESENT EMPLOYER section.

Please use the map below when choosing your certification in EPA regions.



If you have questions regarding this application, please contact our office. We would be happy to assist you!



CERTIFIED RENOVATOR APPLICATION

Kansas Department of Health and Environment Bureau of Family Health
 Healthy Homes & Lead Hazard Prevention Program
 1000 SW Jackson, Suite 200, Topeka, KS 66612
 Phone: (866) 865-3233 Fax: (785) 559-4246
 Email: KDHE.lead@ks.gov
 Website: www.kshealthyhomes.org



General Information:

Individuals applying for a certification to conduct regulated activities in Kansas must provide all of the information requested in this application.

A complete application includes:

1. A completed application with no sections left blank
2. A copy of your training course certificate

Mail completed applications to: Healthy Homes and Lead Hazard Prevention Program
 1000 SW Jackson, Ste 200, Topeka KS 66612

PART A. APPLICATION TYPE

<input type="checkbox"/> Initial or Previous Expired Certification	Previous Certification Number	
<input type="checkbox"/> Renewal	Current Certification Number	

PART B. PERSONAL INFORMATION

First Name		Middle Initial		Last Name	
Home Address (Street)		Apartment			
City	State	Zip	County		
Phone Number	State Issued ID Number or Social Security Number		E-Mail Address		
Present Employer			Employer Phone Number		
Employer Address (Street)					
City	State	Zip	County		

Please send all correspondence regarding this application to :

Home Address
 Present Employer
 Training Provider
 E-Mail:

PART C. TRAINING INFORMATION

Name of Training Provider	Date Training Course Completed
Address of Training Provider	Training Certificate Number

Training Completed: (Please check appropriate boxes for this certification)

Kansas Department of Health & Environment (KDHE) - Accredited Training Provider EPA - Accredited Training Provider

PART D. OTHER CERTIFICATIONS

Please list all self-authorized state(s) or EPA region you are currently certified as a Renovator

State/Region	Certification Number	Expiration Date

PART E. WAIVER (OPTIONAL)

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify KDHE in writing of such change.

Name	Title/Relationship to applicant	
Address	City	
State	Zip	Phone

PART F. CERTIFICATION

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Section 28-72-1 through 28-72-54 of the Kansas Administrative Regulations and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-54 of the Kansas Administrative Regulations.

Signature of Applicant

Date