



DO NOT WRITE IN THIS BOX – DEPARTMENT USE ONLY

BUDGET/FUND: **ZZ112-085**

REMIT #: _____

Rcvd Date: _____

Remit Date: _____

Amt Rcvd: \$ _____

Lead State Examination Registration

Send this form by mail with the examination fee(s), a copy of your training certificates (Initial and all Refreshers), proof of education, and proof of experience (for the license you intend to apply for).

Check or money order must be made payable to the "Department of State Health Services, account #ZZ112-085".

DO NOT SEND CASH. EXAMINATION FEES ARE NON-REFUNDABLE.

EXAM ATTEMPT		LICENSE TYPE		EXAM FEE
INITIAL EXAM	<input type="checkbox"/>	SUPERVISOR	<input type="checkbox"/>	\$50
1 st RE-EXAMINATION	<input type="checkbox"/>	INSPECTOR	<input type="checkbox"/>	\$50
2 nd RE-EXAMINATION	<input type="checkbox"/>	RISK ASSESSOR	<input type="checkbox"/>	\$50

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE	SOCIAL SECURITY #	PHONE #	EMAIL ADDRESS		
MAILING ADDRESS			CITY	STATE	ZIP CODE
PREFERRED EXAM DATE & LOCATION			BACKUP EXAM DATE & LOCATION		

CERTIFICATION		
<p>I am requesting to be allowed to take the indicated exam(s) with full acknowledgement that I will not receive a license if I do not meet all the requirements of the Texas Environmental Lead Reduction Rules under 25 TAC Chapter 295 upon submittal of my application for licensure. (See also: List of Licensing Requirements by licensing type that is found on the lead program website.)</p> <p>I certify I understand it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents. All information I provided on this application is true, correct, and complete to the best of my knowledge.</p>		
My current education and experience status are (check all boxes that apply):		
<input type="checkbox"/> I do not meet the Education requirements	<input type="checkbox"/> I do not meet the Experience requirements.	<input type="checkbox"/> I meet all experience and education requirements
Date	Printed Name	Signature