

# INSTRUCTIONS FOR COMPLETING “APPLICATION FOR RECIPROCAL LEAD PERMIT”

R

Please read the following directions carefully before completing and submitting the application. Failure to follow these directions could result in denial of your application for a permit.

## General

- Application must be typewritten or neatly and legibly printed in ink.
- Fully complete the entire application, sign and date the application, and mail it to the address indicated at the top of the application.

## Sections to Complete (by discipline)

- **Workers and Supervisors for Housing and Public Buildings, Inspector/Risk Assessors** (combined discipline in NJ – see Section VI) and **Planner/Project Designers** – Complete Sections I, II, III, IV, VII, and VIII.
- **Workers for Commercial Building and Superstructures** – Complete Sections I, II, III, VII, and VIII.
- **Supervisors-Commercial Buildings and Superstructures** – Complete Sections I, II, III, V, VII, and VIII.

## Application Fee, Type and Discipline

- Fee: Must include a certified check or money order (no personal checks or cash) for the amount indicated next to the discipline.
- Initial: If you have never had a New Jersey permit (for this discipline) or you had a permit (for this discipline) and it has expired more than 90 days ago.
- Renewal: If you have a New Jersey permit (for this discipline) and your permit has either not expired or has not been expired for more than 90 days. Note: Supervisors for Commercial Buildings and Superstructures applicants who have allowed their permit to lapse more than 90 days will be required to re-take the NJ State third-party examination.
- Discipline: Check the discipline for which you are applying. Check no more than one discipline per application.

## Social Security Number

- Pursuant to the Privacy Act, 5 U.S.C. 552a, the disclosure of social security numbers is voluntary.
- The use of social security numbers is for statistical purposes only.

## Telephone Numbers and Email Address

- During the review process, it is often necessary to contact the applicant regarding questions on the application. It is necessary that you provide a means by which we can contact you regarding your application.

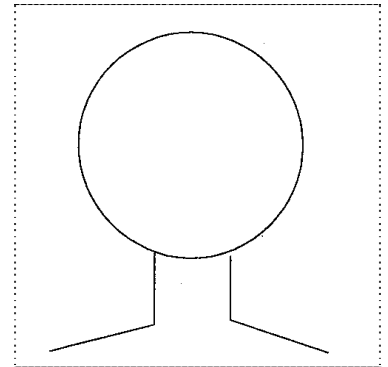
## Applicant's History of Legal Actions

- If you check “Yes” to any of these items you MUST provide a detailed explanation to fully explain the circumstances.

## Attachments

All applications MUST include the following:

- Certified Check or Money Order in the amount indicated on the application
  - No cash or personal checks will be accepted.
  - Must be made payable to the “New Jersey Department of Health and Senior Services.”
  - Application fees are non-refundable.
  - No liability shall be assumed by the Department for the loss or delay in transmission of the application fee.
- Passport-size color photograph of yourself (see approximate size at right)
  - Must be recent.
  - Front face.
  - Full face (at least 3/4” wide).
  - No hat.
  - No glasses.
  - No other item which would disguise overall features.
  - White background, without clutter.
  - Clear.
- Name and ID number (from permit) or control number (on EHS-9 form) must be printed on back of photo.
- Clear notarized copy of the training certificate(s) you received from your non-NJ training provider, demonstrating that you have successfully completed initial and/or refresher training (as appropriate).



## Other Attachments

- **Workers and Supervisors for Housing and Public Buildings, Planner/Project Designers and Inspector/Risk Assessors** (must have at least a Risk Assessor to apply in NJ – see section VI) – Clear notarized photocopy of your currently valid certification/permit/license(s) from another state.
- **Workers-Commercial Buildings and Superstructures:** Must provide copy of course outline(s) which indicates how much time is spent on each topic and a letter from training provider (on provider's letterhead) indicating score on course exam(s).
- **Supervisor-Commercial Buildings and Superstructures:** Must provide copy of course outline(s) which indicates how much time is spent on each topic and a letter from training provider (on provider's letterhead).

**ALL Applicants:** Applications which are pending (incomplete) for more than one year will be rejected. Applications will be returned which have not included the correct application fee or contain no proof of the appropriate training.

**New Jersey Department of Health and Senior Services  
Consumer, Environmental and Occupational Health Service  
PO Box 372  
Trenton, NJ 08625-0372  
609-826-4950**

FOR NJDHSS USE ONLY	
Transmittal No.:	LT-
Date Received:	/ /
<input type="checkbox"/> Check	<input type="checkbox"/> MO No.:
Amount: \$	Initials:

**R**

**APPLICATION FOR RECIPROCAL LEAD PERMIT**

*Please type or print legibly in ink. Mail the original application, education and experience documents (see directions), passport photo (see directions), and a certified check or money order (personal checks and cash will not be accepted) to the above address. Checks should be made payable to the "New Jersey Department of Health and Senior Services." The application fee is non-refundable. Any applications pending in excess of one year will be rejected. If you have any questions, call the NJDHSS at the above number.*

I. APPLICATION FEE, TYPE AND DISCIPLINE		
<b>Application Type:</b>	<b>Discipline:</b>	
A <input type="checkbox"/> Initial	A <input type="checkbox"/> Worker-Housing and Public Buildings .....\$80	E <input type="checkbox"/> Worker-Commercial Buildings and Superstructures..... \$80
B <input type="checkbox"/> Renewal	B <input type="checkbox"/> Supervisor-Housing and Public Buildings..... \$150	F <input type="checkbox"/> Supervisor-Commercial Buildings and Superstructures.....\$150
	C <input type="checkbox"/> Inspector/Risk Assessor ..... \$150	
	D <input type="checkbox"/> Planner/Project Designer ..... \$200	

**II. GENERAL APPLICANT INFORMATION**

Last Name	First Name	M. I.	Social Security Number (see instructions)
Street Address			Home Telephone Number ( )
City	State	Zip Code	Daytime Telephone Number ( )
Date of Birth ___/___/___	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address (if you have one)	
Name of Current Employer			Employer Telephone Number ( )
Address of Current Employer			
Race (Check one)			
1 <input type="checkbox"/> White, Non-Hispanic	2 <input type="checkbox"/> Black, Non-Hispanic	3 <input type="checkbox"/> Hispanic/Latino	4 <input type="checkbox"/> Brazilian
5 <input type="checkbox"/> Asian/Pacific Islander	6 <input type="checkbox"/> Am. Indian/ Alaskan Native	7 <input type="checkbox"/> Other (Specify): _____	
Highest Level of Education (Check one)			
A <input type="checkbox"/> Some High School	C <input type="checkbox"/> Vocational/Technical School	E <input type="checkbox"/> Associates Degree	G <input type="checkbox"/> Masters Degree
B <input type="checkbox"/> High School or Equivalent	D <input type="checkbox"/> Some College	F <input type="checkbox"/> Bachelors Degree	H <input type="checkbox"/> Doctorate Degree
Height _____ Feet _____ Inches	Are there any children 6 years or younger in your household? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: There are: _____ children 6 years or younger.		
Weight _____ Pounds	Has applicant's name changed within the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Former Name: _____		

**III. APPLICANT'S TRAINING FROM ANOTHER STATE**

(Complete below information on your out-of-state training. A clear, notarized copy of each certificate of training must be attached.)

Name of Training Agency	Training Agency Address and Telephone Number	Type of Training (Check one)		Date(s) of Training	Total Training Hours	Written Course Exam Score	Hand-on Exam Score
		Initial	Refresher				

**IV. APPLICANT'S CURRENTLY VALID CERTIFICATION / PERMIT / LICENSE FROM ANOTHER STATE**

(A clear, notarized copy of all certification(s)/permit(s)/license(s) listed below MUST be attached.)

Certifying State	Certification/Permit/License Number	Certificate/Permit/License Expiration Date (must be currently valid)

**APPLICATION FOR RECIPROCAL LEAD PERMIT  
(Continued)**

Last Name	First Name	M. I.	Social Security Number <i>(see instructions)</i> _____ - _____ - _____
-----------	------------	-------	---

**V. ADDITIONAL ATTACHMENTS FOR: SUPERVISORS FOR COMMERCIAL BUILDINGS AND SUPERSTRUCTURES**

Applicants for Supervisor for Commercial Buildings and Superstructures permit shall provide proof of all of the following education and experience requirements:

**1. Two (2) years of experience in commercial or industrial painting.**

Name of Employer		Employer Telephone Number (     )
Address of Employer		
Related Certifications (attach photocopies)		Your Title while Employed
Employment Dates <i>(Required)</i>	Description of Work	

**2. Ninety (90) days experience in field supervision or management in hazardous paint removal within the previous 24 months.**

Name of Employer		Employer Telephone Number (     )
Address of Employer		
Related Certifications (attach photocopies)		Your Title while Employed
Employment Dates <i>(Required)</i>	Description of Work	

**3. Experience demonstrating knowledge of relevant safety practices, waste handling procedures and or environmental monitoring.**

Name of Employer		Employer Telephone Number (     )
Address of Employer		
Related Certifications (attach photocopies)		Your Title while Employed
Employment Dates <i>(Required)</i>	Description of Work	

**VI. REQUIREMENTS FOR INSPECTOR / RISK ASSESSOR RECIPROCIITY**

In New Jersey, the EPA disciplines of Inspector and Risk Assessor have been combined. To be qualified for reciprocity, at a minimum, you must provide proof of training and certification as a Risk Assessor (depending on your State's requirements and certification/licensing).

**VII. APPLICANT HISTORY OF LEGAL ACTIONS**

*If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.*

In relation to environmentally-related work activities conducted in any state, has/is the applicant, identified in Section II above:

Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDHSS? .....  Yes     No

Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? .....  Yes     No

**VIII. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Application for Reciprocal Lead Permit" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I also understand that completion of this application does not guarantee certification to conduct lead-based paint activities in New Jersey.

<b>Signature of Applicant:*</b>	Date
---------------------------------	------

*\* Please sign clearly with a black pen. Keep signature inside the box above.*