

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

**RENEWAL APPLICATION FOR  
 LEAD TRAINING AGENCY CERTIFICATION**

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

**Renewal applications must be submitted at least 180 calendar days prior to the expiration date of the discipline.** Please type or print legibly in ink. One initial and corresponding refresher course may be submitted on an application. If you have any questions, please contact the NJDOH at the above number. Forward completed application to the above address.

**I. APPLICATION FEE AND COURSE TYPE**

**Course Fee:** A non-refundable application fee for annual certification in the amount of **\$500.00 per discipline** must be forwarded with this application. **(Please Note that initial and refresher courses are two separate disciplines.)** The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health."

**Type of Application:**  Renewal

**Course Discipline (Check no more than one initial and one corresponding refresher):**

- |  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| Worker-Housing and Public Buildings .....                  | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |
| Supervisor- Housing and Public Buildings .....             | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |
| Worker-Commercial Buildings and Superstructures .....      | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |
| Supervisor- Commercial Buildings and Superstructures ..... | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |
| Inspector/Risk Assessor .....                              | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |
| Planner/Project Designer .....                             | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher |

**II. GENERAL APPLICANT INFORMATION**

Name of Company			Agency Number		
Mailing Address			Street Address (if different than mailing address)		
City	State	Zip Code	City	State	Zip Code
Business Telephone ( )			Fax Number ( )		

**III. TRAINING MANAGER INFORMATION**

Name		Position and/or Title with Company			
Address				Telephone Number ( )	
City	State	Zip Code	Email Address (if applicable)		

**IV. APPLICANT RE-CERTIFICATION INFORMATION**

Is all of the information contained in the previous application still accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you check "No" you <u>must</u> include any updated information or materials with this application.</i>	If applicable, have any outstanding penalties been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If you check "No" you <u>must</u> pay all penalties before your re-certification can be approved.</i>
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**V. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Renewal Application for Lead Training Agency Certification" 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 for approval. I also understand that completion of this application does not guarantee certification as a lead training agency in New Jersey. I certify that this agency can operate in compliance with N.J.A.C. 8:62. I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name	Title
Signature	Date