

Official Use Only

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VERMONT DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
Asbestos & Lead Regulatory Program
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

APPLICATION FOR CERTIFICATION OF LEAD TRAINING COURSES (1/09)

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible person shall sign the application. Contact the Program at (802) 863-7236 or (800) 439-8550 (in Vermont) with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

1) **TRAINING ENTITY:**

Name of Training Provider: _____
Responsible Individual: _____
Responsible Individual Title: _____
Address: _____
City/Town: _____ State: _____ Zip: _____ Telephone No.: _____

a. This applicant is (check one):

- | | |
|--|------------------------------|
| _____ 1) A Corporation | _____ 2) A Partnership |
| _____ 3) An Unincorporated Association | _____ 4) Sole Proprietorship |
| _____ 5) Other (specify) _____ | |

--Attach organizational chart.

2. **TYPE OF COURSE:** Indicate the training to be offered.

INITIAL COURSES: (\$480.00 each)

- ___ Worker (Target Housing/Public Bldgs)
- ___ Worker (Superstructures/Commercial Bldgs)
- ___ Supervisor (Target Housing/Public Bldgs)
- ___ Supervisor (Superstructures/Commercial Bldgs)
- ___ Inspector Technician
- ___ Risk Assessor
- ___ Project Designer

REFRESHER COURSES (\$480.00 each)

- ___ Worker (Target Housing/Public Bldgs)
- ___ Worker (Superstructures/Commercial Bldgs)
- ___ Supervisor (Target Housing/Public Bldgs)
- ___ Supervisor (Superstructures/Commercial Bldgs)
- ___ Inspector Technician
- ___ Risk Assessor
- ___ Project Designer

3. **APPLICATION AND CERTIFICATION INFORMATION:**

a) **CHECK ONE:**

INITIAL CERTIFICATION:

RENEWAL CERTIFICATION:

If renewal

Certification # _____ exp. Date _____

Certification # _____ exp. Date _____

If this is a renewal application attach a photocopy of current training approval.

b) Does the courses have EPA or State approval? If so, which Region or State?

4. **COURSE SCHEDULING AND LOCATIONS**

Please attach a proposed or projected schedule with dates and locations of training course offerings.

5. **ATTENDANCE AND INSTRUCTION**

- a. Please list the numbers of instructors proposed to conduct the course: _____
Estimated ratio of instructors to students for classroom instruction: _____
Estimated ratio of instructors to students for hands-on instruction: _____
Documentation to show that the instructors are sufficiently trained and experienced in the topics they are to instruct in.
- b. Please submit documentation of adherence to proposed EPA model curriculum requirements.
- c. Please attach a written description of this instruction program to be used for each topic, including teaching methods to be used, and copies of all written materials to be distributed, to include a complete copy of the course manual.
- d. Please attach a written description of the type and quantity of equipment to be used for demonstrations and/or hands-on practice exercises, such as respirators, water spray devices, protective clothing, construction materials, etc.
- e. Please attach documentation that will show that the number of instructors, the amount of equipment and the facilities are adequate to provide the students with proper training.
- f. Please attach course handouts, examination and answer key.

5. **ASSOCIATIONS WITH OTHER LEAD RELATED BUSINESSES:**

Does the applicant, any employee or other individual with financial interests in the applicant, have any financial or professional involvement with any other individual or firm certified under the Vermont Regulations for Lead Control now or in the past? Yes _____ No _____

6. **ENFORCEMENT ACTIONS:**

- a. Has the applicant ever been notified by any state (including Vermont) or municipality or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding lead training?
Yes _____ No _____
- b. Has the applicant ever been found to be in violation of any law or regulation regarding lead training by any state (including Vermont), municipality or federal agency or department?
Yes _____ No _____
- c. Has the applicant outstanding actions or investigations regarding lead training initiated by any state, municipality or federal agency or department pending against the applicant?
Yes _____ No _____

If the answer to any of these questions is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking action and copies of enforcement correspondence. Also include your response to this correspondence and what procedures have been instituted to prevent further re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.

I certify that I have read and understand the requirements of the Vermont Regulations for Lead Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Lead Control, and that all the information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and belief.

SIGNATURE OF COURSE DIRECTOR _____ DATE _____

Send completed application to: Vermont Department of Health
Asbestos and Lead Regulatory Program
P.O. Box 70, 108 Cherry Street
Burlington, VT 05402-0070

DO NOT FORGET TO ENCLOSE THE COMPLETED TAX FORM WITH YOUR APPLICATION

Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

You **must** answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good Standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

1. You must check one of the three statements below regarding child support regardless whether or not you have children:
- I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

OR

 - I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

 - I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113).

2. You must check one of the two statements below regarding taxes:
- I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

OR

 - I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:
- I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

OR

 - I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

 - I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: _____-_____-_____

*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: _____ Date: _____