



Lead Sampling Technician Registration

Instructions

Complete the registration form in black or blue ink only.

Only originals will be accepted.

Allow 2-4 weeks for processing.

Include a copy of the Minnesota accredited lead sampling technician training course certificate.
Do not send the original.

Mail to

MN Department of Health
Asbestos/Lead Compliance Unit
PO Box 64975
St Paul, MN 55164-0975.

For questions or more information, call 651-201-4620 or visit the [MDH website \(https://www.health.state.mn.us/communities/environment/lead/index.html\)](https://www.health.state.mn.us/communities/environment/lead/index.html)

Tennessee Warning

For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



Lead Sampling Technician Registration

Registrant Information

1. Last Name _____

2. First Name _____

3. Middle Initial _____

4. Social Security Number _____

Required by MN Statutes, §270C.72

5. Date of Birth _____ / _____ / _____

MM/DD/YYYY

6. City _____

7. State _____

8. Zip Code _____

9. County _____

10. Telephone Number (_____) _____

11. Do you want to be listed on the MDH website as a Lead Sampling Technician?

Yes

No

If YES, please complete the Business Information section. If NO, skip to the Signature section.

Business Information

12. Company Name _____

13. Business Address _____

14. City _____

15. State _____

16. Zip Code _____

17. County _____

18. Telephone Number (_____) _____

19. Fax Number (_____) _____

Signature

I provided true and complete information. I understand MDH's Tennessee Warning (p 2). I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this registration.

Signature

Date

_____ / _____ / _____

MM/DD/YYYY