



Lead Training Course Permit Application

Instructions

NOTICE:

- Please send separate payments for lead and asbestos application fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the notice in black or blue ink only.

Allow 60 days for processing and course material review.

Include a business check, cashier's check, or money order payable to the Minnesota Department of Health (MDH). **No cash or personal checks accepted.**

A service fee is charged for returned checks.

Fees are nonrefundable.

- **\$500** fee for initial training course
- **\$250** fee for refresher training course
- **\$250** fee for renewal of initial training course
- **\$125** fee for renewal of refresher training course

Include with all **initial** applications the following course materials:

- Course agenda
- Sample sign-in sheet
- Instructor and trainee manuals
- Copies of presentation materials including slide shows, handouts, DVDs
- Sample course diploma
- Course examination and answer key with proportion of questions on each major topic
- Description of hands-on training evaluation of trainee aptitude for work practices
- Description of training manager, principal instructor and all other instructor qualifications

Fax to
Minnesota Department of Health
Asbestos/Lead Compliance Unit

Mail to
Minnesota Department of Health
Asbestos/Lead Compliance Unit

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 Training Course Permit Application

Permit Information

Check only ONE permit type:

- Initial Permit Renewal Permit

Check only ONE course type:

- Initial Refresher

Check only ONE discipline:

- Worker Supervisor
- Inspector Risk Assessor Project Designer

Training Provider Information

Training Provider Name: _____

Minnesota Business ID # (Required by MN Statutes, §270C.72): _____

Federal Employee ID # (Required by MN Statutes, §270C.72): _____

Business Address: _____

City: _____ State _____ Zip _____

County _____ Telephone Number: (____) _____

Fax Number: (____) _____ Email _____

Business Contact Name: _____

Workers Compensation Insurance Information

(Check and fill in only A or B)

- Company has Workers Compensation Insurance**

Insurance Company: _____

Policy Number: _____

Start Date (MM/DD/YYYY) _____ End Date (MM/DD/YYYY) _____

B. Company is exempt from Workers Compensation Insurance requirement by MN Statutes §176

Reason for exemption (check only 1):

- I have no employees OR I have no employees working in Minnesota
- I am self-insured
- I have no employees who are covered by the workers compensation law

Signature

I provided true and complete information. I understand MDH's Tennessen Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this permit.

Signature _____ Date (MM/DD/YYYY) _____

To obtain this information in a different format, call 651-201-4620