RI Department of Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Lead Worker-in-Training

Applicant Name – Please Print

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov

- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

1. $20.00 (twenty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	(A) Copy of certificate(s) indicating successful completion of an initial training course approved in accordance with Subsection 18.7(a) and (B) Proof of successful completion of both written and practicum examinations required by Section 15.7; and (C) Copy of blood test results documenting compliance with the medical monitoring requirements specified in Section 13.13

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
https://healthri.mylicense.com/Verification

State of Rhode Island and Providence Plantations
Department of Health

Name: This is the name that will be printed on your License and reported to those that inquire about your License. Do not use nicknames, etc.	Name: _____ Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III)
Date of Birth:	Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐ Month Day Year
Gender:	Male ☐ Female ☐
Residence Information: It is your responsibility to keep the Department apprised of all address and phone number changes. **(Not published on the HEALTH web site**).	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
Business/Employment Information: Please provide the employment information related to this license. Include Name of Business/Employer	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
SSN: **(Social Security Number)**	**Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.** SSN: ☐☐☐ - ☐☐ - ☐☐☐☐
Race/Ethnicity **(This information is voluntary and will not affect issuance of your license.**	**Ethnicity** – Are you Hispanic or Latino? ☐ Yes ☐ No **Race** - ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Enforcement Actions in Other Jurisdictions: **If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.**	1. Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend a lead hazard reduction worker-in-training certification and/or other authorization to perform lead hazard reduction held by the applicant? ☐ Yes ☐ No 2. Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties in conjunction with any lead hazard reduction activity performed by the applicant? ☐ Yes ☐ No 3. Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any lead hazard reduction activity performed by the applicant? ☐ Yes ☐ No _____ _____ _____ _____ _____ _____ _____ _____
Affidavit of Applicant Read, sign, and date this affidavit.	**<u>This Application Must be Signed by the Applicant</u>** **I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.** I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed. _____ _____ **Signature** **Date of Signature (MM/DD/YY)**