

## LEAD INSPECTOR APPLICATION

### I. Instructions

Make check or money order payable to: **Toledo-Lucas County Health Department**. Mail application with fee (if required) to: **TLCHD-Environmental Health, 635 North Erie Street Toledo, Ohio 43604**. Fees are non-refundable. **Fees for state & local government employees are waived**, if exclusively providing the lead abatement services that are on behalf of that government. All applications, including renewals, must be filled out completely. Keep a copy of this application for your records. **Please allow 30 days for processing**. Incomplete or inaccurate applications may be delayed during processing. Please print clearly.

### II. General Applicant Information

Last Name	Suffix (e.g. Sr., Jr.)	Legal First Name	Middle Name
Street Address			Zip Code
Mailing Address (if different from above)		City	State
Telephone #	Email		Date of Birth __ / __ / ____

### III. Application Type and Fee

Check one:

- New Applicant (2 year accreditation)  
 Renewal Applicant (2 year renewal)

Previous Lead Inspector #: \_\_\_\_\_; Expiration date: \_\_\_\_\_

Applicable Fees:

- Local Lead Inspector ..... \$45.00

**TOTAL FEES SUBMITTED: \$**

### IV. Applicant's Training Information

List the latest course completed for category applying. Refresher courses are only valid when taken before prior relevant training or accreditation has expired.

Ohio Department of Health (ODH) License #	Expiration date	Name of training provider (if known)
Certification Type (check one)		
<input type="checkbox"/> Clearance Technician (CT)	<input type="checkbox"/> Lead Inspector (LI)	<input type="checkbox"/> Risk Assessor (RA)

### V. Applicant Statement and Signature

This Notice is provided pursuant to Chapter 1760 under Part 17, Title 3 entitled Registration of Lead Safe Residential Rental Units of the Toledo Municipal Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Toledo-Lucas County Health Department (TLCHD) is a public agency and subject to the Ohio Public Records Act. This form may be made available on the Internet via TLCHD's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

I certify that I shall perform work practices according to Ohio Revised Code sections 3701-30 and 3701-32

Applicant's Original Signature	Date
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- Before you submit your application, make sure that you have:
- Filled out all applicable sections of this application
  - Signed and dated the application
  - Made a copy of your application for your files