



RI Department of Health

Application and Instructions for:

Lead Technician

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. \$100.00 (one-hundred 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	<ul style="list-style-type: none">(A) Copy of certificate(s) indicating successful completion of an initial training course approved in accordance with Subsection 18.7(e) and(B) Proof of successful completion of both written and practicum examinations required by Section 16.5; and(C) Radiation safety training appropriate to the X-ray fluorescence (XRF) analyzer(s) used by the applicant; and(D) Copy of blood test results documenting compliance with the medical monitoring requirements specified in Section 13.13 and(E) Copy of High School Diploma or GED
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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.

Name: _____
Prefix First Name Last Name Suffix
(Mr/Mrs/Dr.) (Jr/III)

Do not use nicknames, etc.

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: - -

<p>X-Ray Fluorescence (XRF) Equipment/Authorizations</p>	<p>Completion of this item is not required if the applicant does not own XRF equipment and will only be utilizing XRF equipment owned by a certified environmental lead inspector. <input type="checkbox"/> Check Box if Not Applicable</p> <p>Attach a separate sheet to this application identifying the following:</p> <ol style="list-style-type: none"> 1. Identify the manufacturer(s) make and model number(s) of all XRF equipment to be used by the applicant for conduction environmental lead inspectors. 2. Identify the issuing state and radioactive materials license number, which authorizes the applicant to utilize XRF analyzers. Attach a copy of the applicant's current radioactive materials license.
<p>Race/Ethnicity</p> <p>(This information is voluntary and will not affect issuance of your license.)</p>	<p>Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race - <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p>
<p>Enforcement Actions in Other Jurisdictions:</p> <p>If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.</p>	<ol style="list-style-type: none"> 1. Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend any environmental lead inspector technician certification and/or other authorization to conduct environmental lead inspections held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> 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 inspection activity conducted by or under the supervision of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any environmental lead inspection activity conducted by or under the supervision of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>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.</p> <p>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.</p> <p>_____</p> <p>Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date of Signature (MM/DD/YY)</p>