



**LEAD-BASED PAINT CERTIFICATION APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF WASTE MANAGEMENT  
 SFN 53478 (5-2025)

**General Requirements** - The following items must accompany this application.

1. An unaltered copy of the applicant's original training certificate and test results received after successful completion of an EPA or authorized state accredited training course and test. **Do not send original training certificates.** Include copies of all full course and refresher certificates for initial certifications or if your certification has been expired for more than three years.

**The Department will accept in-person training course completion certificates for initial and refresher training. In addition, refresher training completion certificates may be accepted if the course is attended by live remote learning, using an application such as Teams or Zoom, and approved by the Department.**

2. A check or money order payable to the North Dakota Department of Environmental Quality in the amount of \$150 per discipline for every three years. The \$150 fee is waived for public employees. **Please allow 10 working days for processing.**
3. Send application to: North Dakota Department of Environmental Quality  
 Division of Waste Management  
 4201 Normandy Street  
 Bismarck, ND 58503-1324  
 Phone: (701) 328-5166

<b>OFFICE USE ONLY</b> Do not write in this space	
Public Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Number	_____
Check Amount	_____
Date Received	_____
Date Approved	_____
Approved by	_____

Name (Last, First, Middle)			
Home Street Address			
City	State	ZIP Code	Home Telephone Number
Date of Birth (Month/Day/Year)		Social Security Number	
Employer			
Employer Address			
City	State	ZIP Code	Employer Telephone Number
Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what is your alien registration number?			
Have you ever been certified in North Dakota before? <input type="checkbox"/> Yes, Certification No. _____ <input type="checkbox"/> No			
Check the discipline(s) in which you are applying for certification.			
1. Lead-Based Paint Abatement Worker	<input type="checkbox"/>	Initial	<input type="checkbox"/> Recertification
2. Lead-Based Paint Abatement Supervisor	<input type="checkbox"/>	Initial	<input type="checkbox"/> Recertification
3. Lead-Based Paint Inspector	<input type="checkbox"/>	Initial	<input type="checkbox"/> Recertification
4. Lead-Based Paint Risk Assessor	<input type="checkbox"/>	Initial	<input type="checkbox"/> Recertification
5. Lead-Based Paint Abatement Project Designer	<input type="checkbox"/>	Initial	<input type="checkbox"/> Recertification

I certify that the information included with this application is true and accurate.

Signature	Date
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