

# Lead-Based Paint Project Supervisor Renewal Application Form

Please remit renewal application form and applicable fees by **due date** to the following address:

**EPD - Lead Fees**  
**P. O. Box 101896**  
**Atlanta, Georgia 30392**



## 1. Type of Renewal

DISCIPLINE	CERTIFICATION NUMBER	RENEWAL FEE
Lead Supervisor		\$150.00

## 2. Applicant Information

Please complete the below section indicating current application status.

Last Name		First Name	MI
Applicant Street Address			
City	State	Zip	
Phone Number ( )		Fax Number ( )	
Social Security Number		Height	Weight
E-mail	DOB	Sex	

## 3. Company Information

Company Name			
Company Address			
City	State	Zip Code	
Phone Number ( )		Fax Number ( )	
Primary Contact Person		Owner/ President of Company	

## 4. Applicant Verification of Information

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. I understand that as a certified individual, I am required to work for a certified firm when conducting lead-based paint activities. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that the submitted information is true, accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For Program Use Only			
Received By:	Date Received:	Check Number:	Check Amount:
Deposit Date:	Deposit Number:		