



Boston Public Health Commission

Application for Moderate Risk Deleading Training

Instructions: Please complete all sections of this application and mail the completed application (including required attachments and course fee) to the Environmental & Occupational Health Division (EOH). If the EOH does not receive a complete application, you will not be allowed to attend the course. The person who completes this application must be the person who will attend the course and do the work needed at the property. Mail complete application to:

ATTN: Lead Program
Environmental & Occupational Health Division
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____

Date of Training I Will Attend: _____

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Refresher (please submit copy of your previous certification)	Course Fee: \$50 Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.
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Applicant Information

Name: _____ Email: _____

Address: _____
Street City Zip Code

Phone Number: _____ Occupation: _____

How would you best describe yourself?

- Property owner
- Property agent
- Contractor
- Other (Please specify: _____)

Property Information

Are you under orders to correct a violation?

- Yes
- No

Date of lead inspection: _____

Name of Inspector: _____

Inspector License Number: _____

Phone Number: _____

Applicant Statement of Consent

In signing below, I certify that I am the person who will attend the course. I understand that this application is only good for one date. If I do not attend the course on the date I indicated, I understand that I must submit another application and course fee. I also understand that all correspondence will be directed to the address I indicated above.

I certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

Applicant Signature

Date

Applicant Name (printed)