



## Boston Public Health Commission

### Application for Lead-Safe Renovator (LSR) Training

**Instructions:** Please complete all sections of this application and mail the completed application, 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. Mail a complete application, attachments, and a check or money order for the course fee to:

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

**Application Date:** \_\_\_\_\_

**Date of Training I Will Attend:** \_\_\_\_\_

<p><b>Application Type:</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Refresher (please submit copy of your previous certification)</p>	<p><b>Course Fee:</b> \$150</p> <p>Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.</p>
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**Applicant Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Applicant Statement of Consent**

I understand that this application is only good for one date. If I do not attend 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 that I am the applicant who will attend the course.

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)