



KANSAS CERTIFIED RENOVATOR INITIAL / RENEWAL APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTHY HOMES AND LEAD HAZARD PREVENTION PROGRAM
1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612
1-866-865-3233 www.kshealthyhomes.org

GENERAL INFORMATION

Individuals applying for a certification to conduct lead-based paint activities in Kansas must provide all of the information requested in this application. A lead occupation certificate may be issued to any person who has made application and provided proof of certification or licensure from another state, provided that KDHE has entered into a reciprocity agreement with that state, and the necessary fees have been paid to KDHE. Individuals applying for a certificate by reciprocity to conduct lead-based paint activities in Kansas must provide all of the following information requested in this application.

A **complete application** includes:

1. A completed *Kansas Certified Renovator Initial / Renewal Application* form,
2. A copy of your KDHE accredited training provider certificate or refresher completion certificate,
3. Copies of any certifications as a renovator from EPA, or any other states,

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF CERTIFICATION

- Please type or print legibly.
- Mail completed application to:
Kansas Department of Health & Environment,
Attn: Healthy Homes and Lead Hazard Prevention Program, Curtis Building,
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274

KDHE USE ONLY

Date	_____
TP Certificate	_____
Photos	_____
Payment: _____	Check#: _____
Approved: _____	
Denied: _____	

PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT		MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET)			APARTMENT	
CITY		STATE	ZIP	COUNTY
TELEPHONE NUMBER (____) _____ - _____	KANSAS STATE ISSUED ID NUMBER _____ - _____ - _____		EMAIL ADDRESS	
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (____) _____ - _____	
EMPLOYER ADDRESS (STREET)				
CITY	STATE	ZIP	COUNTY	

Please mail all correspondence regarding this application to my: (check one) Home Address Present Employer Training Provider

Check the appropriate box:	FOR OFFICE USE ONLY
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APPLICATION FOR:	
<input type="checkbox"/> INITIAL CERTIFIED RENOVATOR <input type="checkbox"/> CERTIFIED RENOVATOR RENEWAL	

PART B. TRAINING INFORMATION (submit copy of all course completion diplomas, including refresher courses, if applicable.)

TRAINING COMPLETED (Check appropriate boxes for this certification)	
<input type="checkbox"/> Kansas Department of Health and Environment (KDHE) --- Accredited Training Provider	
NAME OF TRAINING PROVIDER	
ADDRESS OF TRAINING PROVIDER	CERTIFICATE NUMBER

PART C. OTHER CERTIFICATIONS (please submit copies of all additional certifications)

In which state(s) are you currently Certified as a Renovator?

STATE	TYPE OF CERTIFICATION/LICENSE	EXPIRATION DATE	CERTIFICATION NUMBER

In which EPA region(s) are you currently Certified as a Renovator?

REGION	TYPE OF CERTIFICATION	EXPIRATION DATE	CERTIFICATION NUMBER

PART D. WAIVER (OPTIONAL)

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify KDHE in writing of such change.

NAME	TITLE OR RELATIONSHIP TO APPLICANT
ADDRESS	
TELEPHONE NUMBER	
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PART E. CERTIFICATION

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-53 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-53 of the Kansas Administrative Regulations.

AUTHORIZED SIGNATURE (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNITURE)	DATE