



PLEASE RETURN THE COMPLETE APPLICATION PACKAGE TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
Lead and Healthy Housing Division
Compliance & Enforcement Branch
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Telephone: (202) 535-1934

FOR OFFICE USE ONLY:

Date Received:
Amount Received:
Check #:
Fee Waived for D.C. Government Agency or Nonprofit Organization Whose Place of Business is in the District: Yes/No
Application Approved: Yes/No
Authorized Signature:
Date Processed:

LEAD-BASED PAINT TRAINING PROVIDER ACCREDITATION APPLICATION
Updated July 2013

I. APPLICATION STATUS (Check only one)

1. NEW/INITIAL APPLICATION [ ]

RENEWAL [ ]

RECIPROCITY REQUEST [ ]

D.C. Accreditation #. \_\_\_\_\_

Current Accreditation State(s): \_\_\_\_\_

Expiration Date \_\_\_\_\_

Accreditation #'s \_\_\_\_\_

Expiration Date(s) \_\_\_\_\_

ACCREDITATION REQUESTED

FEE SCHEDULE: (These fees are non-refundable) \* All accreditations shall expire thirty-six (36) months from the date of issuance

Table with 3 columns: Category (English or Spanish), Initial/Renewal Fee Amount, Refresher/Renewal Fee Amount. Rows include Inspector, Risk Assessor, Supervisor, Project Designer, Abatement Worker, Renovator, Dust Sampling Technician, and Reciprocity Accreditation.

Returned Check Fee \$65.00 \*Make check/money order payable to D.C. Treasurer

II. PROVIDER INFORMATION: [ ] Government [ ] Non-profit 501(c)(3) organization whose primary place of business is in the District of Columbia [ ] Other

2. Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
Is the street address of company/agency different than above address? [ ] No [ ] Yes If yes, please provide the street address below:
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_
Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Federal Employer I.D. Number: \_\_\_\_\_
E-Mail address: \_\_\_\_\_
Corporation Number (if applicable): \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State Incorporated In : \_\_\_\_\_ Business License
Number(s) with issuing jurisdiction: \_\_\_\_\_

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3. Do you have any satellite offices? [ ] No [ ] Yes If yes, please include their locations below and on a separate sheet if needed:  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Will you travel to train? [ ] No [ ] Yes If yes, please indicate where: \_\_\_\_\_

4. List all owners, partners, shareholders (10% or more), officers and directors of the company below:  
Name: \_\_\_\_\_ Office or Title Held: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Training Manager Information:**

5. Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Principal Instructor's Information:**

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Principal Instructor's Information:**

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Principal Instructor's Information:**

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Principal Instructor's Information:**

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Guest Instructor's Information (if any):**

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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Guest Instructor’s Information (if any):

Name: \_\_\_\_\_ Position and/or Title with Company: \_\_\_\_\_
Telephone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

IV. Applicant Information:

- How long has the company/agency been in existence? Years \_\_\_\_\_ Months \_\_\_\_\_
Has applicant’s name changed within the past two (2) years? [ ] No [ ] Yes
If yes, former name: \_\_\_\_\_
Is applicant approved by any federal, state, or municipal agency to conduct lead training? [ ] No [ ] Yes
If yes, please attach a list of all approved courses, original date of approval, and name of the approving authority.
Is applicant an affiliate or a subsidiary of any other organization(s)? [ ] No [ ] Yes
If yes, please provide the name(s) and address(es) of related organization(s) and relationship

V. Applicant’s History of Legal Actions:

If you answer “Yes” to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

Has/Is the applicant (identified in Section II or III) or any persons identified on this application:

- Been subject to or has pending any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any governmental agency, including: Occupational Safety Health Administration (OSHA), Environmental Protection Agency (EPA), Department of Consumer and Regulatory Affairs (DCRA) or District Department of the Environment (DDOE)? [ ] No [ ] Yes
Been, or is now, subject to any order resulting from any criminal, civil, or administrative proceedings against such company, persons, or parties by any governmental agency? [ ] No [ ] Yes
Been denied any license/certification/approval or had it suspended, modified or revoked by any governmental agency? [ ] No [ ] Yes
Been a defendant in any civil or criminal litigation [ ] No [ ] Yes

V. AFFIDAVIT

- The information that I have provided in this “Lead-Based Paint Training Provider Accreditation Application” is true, accurate, and complete to the best of my knowledge. I certify that I am authorized to sign this application on behalf of the persons listed in this application as the owners, partners, shareholders, officers, and directors of the company applying for accreditation as a training provider and/or accreditation of training courses. I understand that this application is subject to verification, and I agree to provide any additional documentation required to review it. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine eligibility for the accreditation sought. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for accreditation may result in the rejection of this application. I also understand that completion of this application does not guarantee accreditation as a lead-based paint training provider in the District of Columbia. Further, I understand that if the Department finds that I have made a

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false statement or misrepresentation material to the issuance, modification, or renewal of an accreditation, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore an accreditation issued under the Lead-Hazard Prevention and Elimination Act of 2008, as amended (DC Law 17-381; D.C. Official Code § 8-231.01 *et seq* (2013 Supp.)). The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law 17-381. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TRAINING PROVIDER ACCREDITATION REQUIREMENTS

DOCUMENTS REQUIRED WITH INITIAL APPLICATION	DOCUMENTS REQUIRED WITH RENEWAL APPLICATIONS	DOCUMENTS REQUIRED WITH RECIPROCITY (already accredited by EPA)								
<p><input type="checkbox"/> A description of the facilities and equipment to be used for lecture and hands-on training</p> <p><input type="checkbox"/> Quality control plan</p> <p><input type="checkbox"/> Personnel documentation verifying qualifications for training manager, principal instructor(s) and guest instructor</p> <p><input type="checkbox"/> Current course materials and documents including but not limited to: course agenda, course examination blueprint, manual, handouts, course examination, final answer sheet and answers for each course seeking accreditation</p> <ul style="list-style-type: none"> <li>• The following chart is an example of a course blueprint:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 30%;">Agenda Item</th> <th style="width: 15%;">Test Question</th> <th style="width: 20%;">Number of Questions</th> <th style="width: 35%;">% of Total # of Exam Questions</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><input type="checkbox"/> All material for the hands-on training and hands-on skills assessment. Documents should include specifically how the hands-on training is implemented, graded, how the scores are evaluated, and the evaluation of the pass/fail rate</p> <p><input type="checkbox"/> Record keeping requirements and storage location</p> <p><input type="checkbox"/> Documented procedure for ensuring the integrity and validity of course tests and hands-on assessments</p> <p><input type="checkbox"/> Course certificate</p> <p><input type="checkbox"/> Each document should adhere to the District Department of the Environment, pursuant to the <u>Lead-Hazard Prevention and Elimination Act of 2008, as amended (DC Law 17-381; D.C. Official Code § 8-231.01 et seq (2013 Supp.)) 20 DCMR § 3305 and to the most recent United States Environmental Protection Agency (EPA) rules and regulations governing accreditation of training programs 40 CFR Part § 745.225</u></p> <p><input type="checkbox"/> <b>For the risk assessor refresher course, include requirements under 20 DCMR § 3305.11</b></p> <p><input type="checkbox"/> <b>For <u>ALL</u> refresher courses, include requirements under 20 DCMR § 3305.12</b></p> <p><input type="checkbox"/> Pay DDOE the appropriate fee pursuant to 20 DCMR § 3322.7, except as provided for in 20 DCMR § 3305.7</p>	Agenda Item	Test Question	Number of Questions	% of Total # of Exam Questions					<p><input type="checkbox"/> Include all new or modified documents which were not approved during a recent audit or prior initial application review</p> <p><input type="checkbox"/> Include all key personnel changes and documentation verifying qualifications for training manager, principal instructor(s) and guest instructor</p> <p><input type="checkbox"/> Pay DDOE the appropriate fee pursuant to 20 DCMR § 3322.7, except as provided for in 20 DCMR § 3305.7</p>	<p><input type="checkbox"/> Submit a copy of all course materials</p> <p><input type="checkbox"/> Pay the appropriate fee pursuant to § 3322.7, except as provided for in § 3305.7</p>
Agenda Item	Test Question	Number of Questions	% of Total # of Exam Questions							



**Government of the District of Columbia  
 District Department of the Environment  
 Lead and Healthy Housing  
 Compliance & Enforcement Branch**

**CLEAN HANDS SELF-CERTIFICATION FORM**

TO THE APPLICANT: Please read this form carefully and completely before signing. The District Government shall not issue or reissue any license or permit if the applicant owes it more than \$100 in outstanding debt. A false statement on this certification requires that the District Department of the Environment (DDOE), proceed immediately to revoke the certification, accreditation and/or permit or renewal for which you are now applying and fine you \$1,000. This certification form is required to be completed and submitted with any application for a certification, accreditation and/or permit or renewal by the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (DC Law 11-118, DC Official Code Sec. 47-2861 et seq.) as amended, effective October 21, 2000 (DC Law 13-183, sec. 2(b), DC Code sec. 47-2861 et. seq.).

I, \_\_\_\_\_, as \_\_\_\_\_ certify that \_\_\_\_\_  
 (Name) (Owner/Partner/Corporate Officer) (Business Name)

trading as \_\_\_\_\_ at \_\_\_\_\_ using business tax number \_\_\_\_\_,  
 (Trade Name) (Business Address) (FEIN/SSN)

As of the date, does not owe more than more than one hundred dollars (\$100) in outstanding debt to the District of Columbia government as a result of:

1. Fines, penalties, or interest assessed pursuant to the Lead-Hazard Prevention and Elimination Act of 2008, effective March 31, 2009 as amended (DC Law 17-381; D.C. Official Code § 8-231.01 *et seq* (2013 Supp.)); or
2. Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986, (DC Law 6-100; DC Code Sec. 8-801 (et seq.) (2001 ed.); or
3. Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (DC Law 10-117; DC Code Sec. 8-901 (et seq.) (2001 ed.); or
4. Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affairs (DCRA) Civil Infraction Act of 1985, effective October 5, 1985 (DC Law 6-42; DC Code Sec. 2-1801.01 (et. seq.) (2001 ed.); or
5. Past Due Taxes owed to the Office of Tax and Revenue pursuant to Title 47 of the DC Code; or
6. Past due District of Columbia Water and Sewer Authority service fees pursuant to Title 34 Chapter 22 and 24 of the DC Code (2001 ed.); or
7. Fines, penalties or interest assessed pursuant to Traffic Adjudication Act, Title 50, Chapter 23, of the DC Code (2001 ed.)

I understand that a signed and dated *Clean Hands Self-Certification Form* is required as documentation to accompany my application for a certification, accreditation and/or permit or renewal. I understand that by completing and submitting this form, I am not guaranteed that my certification, accreditation and/or permit or renewal will be approved.

I understand that the District Department of the Environment (DDOE) and/or the Department of Consumer and Regulatory Affairs (DCRA) may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self-Certification Form*.

I understand that if I knowingly provide false information on this Clean Hands Self-Certification Form, DDOE will proceed immediately to revoke each certification, accreditation and/or permit or renewal for which I am applying, and to fine me one thousand dollars (\$1,000).

\_\_\_\_\_  
**SIGNATURE OF APPLICANT and TITLE**

\_\_\_\_\_  
**FEN/SSN**

\_\_\_\_\_  
**DATE**