



PLEASE RETURN THE COMPLETE APPLICATION PACKAGE TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and Environment
Lead-Safe and Healthy Housing Division
Lead Compliance & Enforcement Branch
1200 First Street NE, 5th Floor
Washington, DC 20002
Telephone: (202) 535-1934
Fax: (202) 481-3770

LEAD-BASED PAINT TRAINING PROVIDER ACCREDITATION
APPLICATION
Updated September 2021

I. APPLICATION STATUS (Check only one)

NEW/INITIAL APPLICATION [] RENEWAL [] RECIPROCITY REQUEST []
D.C. Accreditation #. _____ Current Accreditation State(s): _____
Expiration Date _____ Accreditation #'s _____
Expiration Date(s) _____

FEE SCHEDULE: (These fees are non-refundable) * All accreditations shall expire thirty-six (36) months from the date of issuance and the fee shall not exceed \$5,000

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

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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Do you have any satellite offices? No Yes 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: _____

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:

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: _____

Principal Instructor's Information:

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

Principal Instructor's Information:

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

Principal Instructor's Information:

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

Guest Instructor's Information (if any):

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

Guest Instructor's Information (if any):

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

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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 Department of Energy and Environment (DOEE)? 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 or administrative proceeding brought by a government agency? No Yes

VI. CERTIFICATION

I certify that 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 also 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 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>[] A description of the facilities and equipment to be used for lecture and hands-on training</p> <p>[] Quality control plan</p> <p>[] Personnel documentation verifying qualifications for training manager, principal instructor(s), and guest instructor</p> <p>[] 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"> The following chart is an example of a course blueprint: <table border="1" data-bbox="96 428 709 505"> <thead> <tr> <th>Agenda Item</th> <th>Test Question</th> <th>Number of Questions</th> <th>% of Total # of Exam Questions</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>[] 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>[] Record keeping requirements and storage location</p> <p>[] Documented procedure for ensuring the integrity and validity of course tests and hands-on assessments</p> <p>[] Course certificate</p> <p>[] Each document should adhere to the Department of Energy and 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>[] For the risk assessor refresher course, include requirements under 20 DCMR § 3305.11</p> <p>[] For ALL refresher courses, include requirements under 20 DCMR § 3305.12</p> <p>[] A copy of your Certificate of Clean Hands, which may be obtained at www.mytax.dc.gov</p> <p>[] Pay DOEE 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>[] Include all new or modified documents which were not approved during a recent audit or prior initial application review</p> <p>[] Include all key personnel changes and documentation verifying qualifications for training manager, principal instructor(s), and guest instructor</p> <p>[] A copy of your Certificate of Clean Hands, which may be obtained at www.mytax.dc.gov</p> <p>[] Pay DOEE the appropriate fee pursuant to 20 DCMR § 3322.7, except as provided for in 20 DCMR § 3305.7</p>	<p>[] Submit a copy of all course materials</p> <p>[] A copy of your Certificate of Clean Hands, which may be obtained at www.mytax.dc.gov</p> <p>[] Pay the appropriate fee pursuant to § 3322.7, except as provided for in § 3305.7</p>
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