



**Lead Accreditation Application Form LPF-1**  
**Louisiana Department of Environmental Quality**  
**OES - Air Permits Division - Manufacturing Section**  
**P.O. Box 4313, Baton Rouge, LA 70821-4313**  
**Physical Address: 602 N 5<sup>th</sup> St, BR, LA 70802**  
**Phone (225) 219-3025 Fax (225) 219-3156**

For LDEQ Use Only
AI No.
Pb.
Test:
Expires:
Check No.
Amt Received \$
Processed Date:

**1. Applicant Information:** (please print or type)

Name:		State ID or Driver's License No.	
Mailing Address:		State of Issuance of ID No.	
City:	State:	Zip Code:	Phone No. (    )

- 2. Check accreditation(s) applying for:**
- |                        |                |
|------------------------|----------------|
| Previous DEQ No. _____ | Expires: _____ |
| Previous DEQ No. _____ | Expires: _____ |
| Previous DEQ No. _____ | Expires: _____ |
- (a) Initial \_\_\_ Renewal \_\_\_ Emergency \_\_\_\_\_
- (b) Worker \_\_\_ Project Supervisor \_\_\_ Inspector \_\_\_ Risk Assessor \_\_\_ Project Designer \_\_\_\_\_

**3. Attach copies of applicant's initial training and all refresher certificates.**

**4. Attach a 1"x 1 1/4" photograph for each discipline for which the applicant is seeking accreditation.**

**5. Education:** List level of education for the accreditation(s) applied for and any certifications, if applicable.

Degree/Diploma:	Date Awarded:
Institution:	City and State:
Certifications:	

**6. Experience:** List applicable experience, beginning with your present job. Attach additional information as needed.

Employer:		
Supervisor:	Phone No. (    )	
Business Address:	Fax No. (    )	
City:	State:	Zip Code:
Job Title:	From:    Month    /    Year	To:    Month    /    Year
Briefly describe job duties:		
Employer:		
Supervisor:	Phone No. (    )	
Business Address:	Fax No. (    )	
City:	State:	Zip Code:
Job Title:	From:    Month    /    Year	To:    Month    /    Year
Briefly describe your duties:		

**7. Fees are paid to Louisiana Department of Environmental Quality. Submit application materials with appropriate processing fees listed.**

Discipline	Regular	Emergency
Worker	\$50	\$75
Inspector	\$150	\$225
Project Supervisor	\$250	\$375
Risk Assessor	\$250	\$375
Project Designer	\$500	\$750

**8. Statements of Regulation Knowledge and Acknowledgment for Public Records:**

- (a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a) which states that any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.
- (b) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_