



# Lead Accreditation Application Form LPF-1

Louisiana Department of Environmental Quality  
 Office of Environmental Services  
 Public Participation and Permit Support Division  
 Notifications and Accreditations Section  
 P.O. Box 4313, Baton Rouge, LA 70821-4313  
 Physical Address: 602 North 5<sup>th</sup> St, Baton Rouge, LA 70802  
 Phone (225) 219-3300

For LDEQ Use Only	
Pb Cert. No.	
Exam	
Expires	
Check No.	
Check Date	
Amt. Rec'd	\$
Process. Date	

**I. Applicant Information** (please print or type)

**Agency Interest No.** \_\_\_\_\_

Name				Email Address			
Mailing Address				City		State	Zip
Driver's License/ State ID No.		State of Issuance		Date of Birth		Phone	( )

**II. Check accreditation(s) for which you are applying:**

- a)  **Initial**       **Renewal**       **Emergency**  
 b)  **Worker**       **Project Supervisor**       **Inspector**  
 **Risk Assessor**       **Project Designer**

Previous LDEQ No.		Expires	
Previous LDEQ No.		Expires	
Previous LDEQ No.		Expires	

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

**IV. Attach a 1"x 1¼" photograph for each discipline for which the applicant is seeking accreditation.**

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

Degree/Diploma				Date Awarded			
Institution				City		State	
Certifications							

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

Employer				Email			
Supervisor				Phone ( )		Fax ( )	
Business Address				City		State	Zip
Job Title				From (month/yr)	/	To (month/yr)	/
Briefly describe job duties							
Employer				Email			
Supervisor				Phone ( )		Fax ( )	
Business Address				City		State	Zip
Job Title				From (month/yr)	/	To (month/yr)	/
Briefly describe job duties							

**VII. Fees:** Make payable to Louisiana Department of Environmental Quality via Check or Money Order. Submit application materials with appropriate processing fees listed. When applying for multiple accreditations, applicants pay for only the highest accreditation requested. **FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Discipline	Regular	Emergency
Worker	\$ 55	\$ 83
Inspector	\$ 165	\$ 248
Project Supervisor	\$ 275	\$ 413
Risk Assessor	\$ 275	\$ 413
Project Designer	\$ 550	\$ 825

**VIII. Statement of Regulation Knowledge and Acknowledgment for Public Records:**

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 is subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

**Signature of Applicant:** \_\_\_\_\_

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