

APPLICATION INSTRUCTIONS FOR AN INITIAL LEAD OCCUPATION LICENSE

An electronic fill able form can be located at
<http://health.mo.gov/safety/leadlicensing/pdf/5802361leadoccupationinitial.pdf>

Please complete all parts of the application and provide additional documentation as explained below.

AN INCOMPLETE APPLICATION WILL DELAY PROCESSING!

Part A: Personal Information

1. Include your legal first name, middle initial and last name.
2. Please fill in your home address information (physical location and P.O. Box if applicable).
Please do not abbreviate city or street names
3. Your Social Security number must be included.
4. Complete employer information, including County business is located in. If not currently employed, leave blank. *Please do not abbreviate city or street names.*
5. Place an "X" to indicate where you would like all correspondence regarding your application to be mailed. If you do not indicate this information, all correspondence will be mailed to the home address.

Part B: Criminal Background

Place an "X" in the Yes or No box (or check if previously submitted) with regard to felony convictions. If you answered Yes, you must attach to this application a certified copy of all judgment and sentencing documents.

Part C: License Category

Place an "X" in the category box for which you are applying. Mark only one.

Part D: Training Information

1. Indicate where you completed your training, dates of course, and your certificate number.
2. Please submit a copy of the training course certificate(s) with your application.

Part E: Licensing Information

1. Indicate whether or not you have a lead occupation license from another state.
2. If yes, you must submit a copy of that state's license or certificate.
3. Indicate whether or not you have any disciplinary actions or violations in any state.

Part F: Qualifications

1. Place an "X" in the box that applies to your education and experience for the license you are applying for. Mark only one box.
2. Include any required documentation for the specific license you are requesting. (continued)



Part G: Employment History

1. Indicate your work experience in this section.
2. Dates of employment *must include month and year*. If you cannot remember the exact dates, please give an approximation.
3. **Be very specific when describing your job duties.**
4. Our office may call and verify employment.

Part H: Waiver (optional)

If you would like someone to act on your behalf regarding your application, please complete this section with that individual's name, relationship, address and telephone number. Completing this section will allow our staff to discuss your application with individuals other than yourself. If this section is not completed, our staff will only discuss your application with you.

Part I: Certification

Please sign and date the application. **If the application is not signed, it will be returned to you for your signature.**

Enclose a check or money order for the non-refundable fee of \$100, two passport size color photographs and a copy of your training certificate(s) as indicated on application.

If you have any questions, please contact our office at 573-526-5873 or toll free at 888-837-0927.

Lead Licensing Laws and Regulations are located at:

<http://health.mo.gov/safety/leadlicensing/manuals.php>