

# ARKANSAS DEPARTMENT OF HEALTH (ADH)

## Third-Party Exam Application

**LEAD**

**Mail or Deliver to:** ADH - Environmental Epidemiology  
Lead-Based Paint Program  
4815 West Markham St., Slot-32  
Little Rock, AR 72205-3867  
501-661-2893

### FOR DEPARTMENT USE ONLY

Check Amount \_\_\_\_\_  
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Date Received \_\_\_\_\_  
Test Score \_\_\_\_\_  
Pass \_\_\_\_\_ Fail \_\_\_\_\_

### Type of Exam

Check the box(es) for the type of third-party exam for which you are applying. For explanation regarding the training and education requirements associated with each individual discipline, please refer to Section III of Arkansas State Board of Health's Rules Pertaining To Lead-Based Paint Activities.

Lead Inspector

Lead Risk Assessor

Lead Supervisor

### Application Information

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### Previous Training

You must attach an original copy of your last training certificate(s) applicable to the disciplines marked above.

### Fees

Please enclose applicable fee of \$50.00. Make your check or money order payable to Arkansas Department of Health.

### Affidavit

I certify that the information contained herein and attached hereto is true and complete.

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_