ALABAMA LEAD-BASED PAINT ACTIVITIES ACCREDITATION PROGRAM

Application for Certification Examination
(PLEASE PRINT OR TYPE)

DISCIPLINE TO BE TESTED

☐ INSPECTOR  ☐ RISK ASSESSOR  ☐ SUPERVISOR

Has the Applicant previously taken a Safe State certification examination for this discipline*?  ☐ Yes  ☐ No
If yes, when did the Applicant take the examination? (Date) _______________________

Has the Applicant previously taken any other equivalent certification examination*?  ☐ Yes  ☐ No
If yes, name of examination administrator __________________ Date of examination __________
* The test given by a training program at the end of a training course is not considered a certification examination.

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First Name | MI | Last Name |
|________|_______|________|
Address | City | State | Zip |
|________|_______|_______|______|
Phone Number | Fax Number | e-mail address | Social Security Number |
|________|__________|_______________|______________________|

Has the Applicant completed a training course in the discipline(s) checked above?  ☐ Yes  ☐ No
If yes, name of training program __________________________________________________________
Date training course completed ________________________

Does the Applicant have a disability that may require accommodations in order to take the paper-and-pencil certification examination?  ☐ Yes  ☐ No  If Yes, Safe State will contact you in advance of the examination in order to determine what accommodations should be made.

Upon receipt and review of this application, the Applicant will be notified by mail with the date and location of the certification examination.

Send this application and a check or money order** for $50.00 payable to the University of Alabama for each examination to:

The University of Alabama
Safe State Environmental Programs
Attention: ALPAAP
146-I Martha Parham West
Box 870388
Tuscaloosa, AL 35487
Telephone: (205) 348-4666
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**Complete the following if using a credit card for payment:
☐ VISA  ☐ Master Card  ☐ Discover  Signature ____________________________
Account number ____________________________ Expiration Date __________________

ALPAAP CEA-01 01/00

ALPAAP CEA-01 12/00