**Applicant Information**

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| Full Name *(as registered with the Ohio Department of Health)* | | Business Name *(if any)* | | |
| Mailing Address | | City | State | Zip Code |
| Primary Phone Number (     )       - | | Other Phone Number (     )       - | | |
| Email Address | | Business Website *(if any)* | | |
| Ohio Department of Health (ODH) License # | Expiration Date | Name of Training Provider *(if known)* | | |
| Certification Type *(choose one)*  Clearance Technician (CT)  Lead Inspector (LI)  Risk Assessor (RA) | | | | |
| Which registration are you applying for? *(choose one)*  New Applicant ($45 fee)  Updating Information (no fee)  Current TLCHD Inspector #:       Expiration Date: | | | | |
| Are you a state or local government employee **exclusively** providing lead services on behalf of that government?  Yes (fee waived)  No  Name of agency:        Name of Supervisor:        Supervisor Phone Number: (     )       - | | Do you want to have your contact information listed on [www.ToledoLeadSafe.com](http://www.ToledoLeadSafe.com) so potential clients can find you?  Yes  No | | |

All applications must be filled out completely. Keep a copy for your records. Please allow 30 days for processing. Incomplete or inaccurate applications may delay processing. Fees are non-refundable. Fees for state & local government employees are waived if exclusively providing the lead services on behalf of that government.

**Final Agreement and Signature**

By checking the boxes and signing below, you certify that you have read and understand all portions of this application. This registration is provided pursuant to TMC 1760 entitled, “Residential Rental Properties and Lead Safety Compliance.” The information requested herein will be used in processing your application and optionally listed on our website, [www.ToledoLeadSafe.com](http://www.ToledoLeadSafe.com) to assist in marketing your business. You have the right to inspect, amend, or correct this registration by resubmitting the application at any time. The Toledo-Lucas County Health Department (TLCHD) is a public agency and subject to the Ohio Records Act. This completed form may be made available to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

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| I have completed all sections of this application truthfully, to the best of my knowledge and ability.   I have included the $45 Registration Fee as a check or money order made payable to: “Toledo-Lucas County Health Department Lead Ordinance Fund,” or I have completed the waiver portion of this application. I understand this fee is non-refundable.   I agree to perform all lead services work in accordance with all applicable laws and regulations. | |
| Signature | Date       /     / |

**Mail completed applications with payment to:**Toledo-Lucas County Health Department  
ATTN: Local Lead Inspector Registration  
635 N. Erie St.  
Toledo, OH 43604

**Submit with online payment:** [www.ToledoLeadSafe.com](http://www.ToledoLeadSafe.com)

**Call for assistance:** 419.213.4100

**For Internal Use by Toledo-Lucas County Health Department**

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| Information reviewed and certified  Data entered into CityWorks  Local Lead Inspector Number Issued (Date:      /     /     )  Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |