

Authorization To Release Personal Information

(For use only to have your city and work phone added to your name on the list of certified individuals)

INSTRUCTIONS: Complete the Personal Information portion of this form and read items 2, 3, 4, and 5. Sign the form under item 6 and submit it to the Department of Public Health (CDPH). Note: you should only complete this form if you want CDPH to add your work phone number and city to the CDPH List of Certified Lead Professionals. If you do not complete this form and send it to CDPH only your name, certificate number, and expiration date will appear on the CDPH List of Certified Lead Professionals on the CLPPB website. If you have already sent this form to CDPH, you do not need to send it again unless your personal information has changed.

1. Personal Information:

Name: _____
last first

CDPH Lead Certificate Numbers: (if applicable) _____

Business Address: _____
street number and name suite number
_____ city state zip

Business Phone: (_____) _____ - _____

Do you provide any of the following services? (check all that apply) ... Painting General Construction
 Remodeling Hazardous Materials Removal

Are you a California Licensed Contractor? (check one)..... Yes (Your CSLB Contractor Number: _____)
 No

Are you a Certified Industrial Hygienist?(check one) Yes (Your ABIH Certificate Number: _____)
 No

2. Uses: CDPH will use the information you provided above in its List of Certified Lead Professionals. CDPH will release this information to all interested parties. CDPH may also release this information as permitted by the California Public Records Act (Government Code 6250 et seq.). By allowing CDPH to release your personal information, you may be contacted by interested parties wanting your services or business. CDPH is not responsible for the way this information is used by the interested parties who request it.

3. Duration: This authorization shall become effective immediately and remain in effect until you rescind it in writing.

4. Non-Original Copies: A photocopy of this authorization shall be considered as valid as the original.

5. Authorization: I hereby authorize the California Department of Public Health, Childhood Lead Poisoning Prevention Branch to release the information provided above according to the terms stated above. In signing, I also certify, under penalty of perjury that all information given above is true and correct.

6. Signature:

Your Signature

Print Your Name Here

____/____/____
Date Signed

Include this form with your application materials. If you have already sent your application to CDPH, mail or fax this form to:

Childhood Lead Poisoning Prevention Branch
850 Marina Bay Parkway
Building P, Third Floor, Box C
Richmond, CA 94804-6403
(510) 620-5656 fax

The Department of Public Health, Childhood Lead Poisoning Prevention Branch, requests this information under the Health & Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Public Health. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 850 Marina Bay Parkway, Building P, Third Floor, Box C, Richmond, CA 94804-6403, Telephone: 1-800-597- LEAD (510-620-5694 outside California).