Attention Lead Certification Applicants! Your name will appear on the State Lead Listing!

If you become certified, the California Department of Public Health (CDPH) can add your phone number and city to your entry on its *List of Certified Lead Professionals*. This list is distributed statewide to consumers interested in your services. It is also posted on the Internet at www.cdph.ca.gov/programs/CLPPB. This list can help you get information about your services out to:

| Cor | itrac | ctors |
|-----|-------|-------|

Vendors

Apartment Managers

▶ Homeowners

- ► Training Providers
- Building Owners

Realtors

- ► Health Departments
- and Many More!

What to do:

To add your phone number and city to your entry on the *List of Certified Individuals*, complete the Authorization form (CDPH 8540) on the back of this page, sign it and return it to CDPH. If you do not send your Authorization to CDPH, only your name, certificate number, and expiration date will appear on the CDPH List of Certified Lead Professionals on the CLPPB website.

When to do it:

If you are not yet certified, send your Authorization to CDPH with your application materials. **If CDPH grants you certification**, your information will appear on the list.

If you are already certified, send your Authorization to CDPH <u>now</u>! The sooner we get your Authorization, the sooner your information will appear on the list.

Questions:

If you have any questions, please call the Lead-Related Construction Information Line at 1-800-597-5323. Outside California, call (510) 620-5694.

IMPORTANT:

<u>All</u> information submitted to CDPH is subject to release under the California Public Records Act (Government Code 6250 et seq.). While CDPH will use its best efforts not to publicly release your personal information, requests for records or information under this act may <u>require</u> CDPH to release your personal information without your authorization.

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 <u>only</u> 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) O $$ O $$ | 5 | General Construction Hazardous Materials Removal | | | |
| | Are you a California Licensed Contractor? (check one)O | Yes (Your CSLB Contract No | or Number:) | | | |
| | Are you a Certified Industrial Hygienist?(check one) | Yes (Your ABIH Certificate No | e Number:) | | | |
| 2. | Uses: CDPH will use the information you provided above in its <u>List of Certified Lead Professionals</u> . 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 | Include this form with you have already sent mail or fax this form to: | our application materials. If your application to CDPH, | | | |
| | Dist Very New House | | oisoning Prevention Branch | | | |
| | Print Your Name Here | Building P, Third Fl Richmond, CA 948 | loor, Box C | | | |
| | Date Signed | (510) 620-5656 fax | (| | | |

This form is used by the Department of Public Health, Childhood Lead Poisoning Prevention Branch, under Government Code, Section 1798.24(b), to request permission to publish personal information. Provision of this information is voluntary. Those persons who do not fill out this form will not have their personal information displayed in the CDPH List of Certified Lead Professionals. The information on this form will be available to all interested parties. You have the right to obtain your personal information maintained by the Department of Public Health. For information or to obtain your documents, 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.