

FOR L&I USE ONLY
Cert #: _____
Date: _____

VERIFICATION OF EXPERIENCE FOR LEAD OCCUPATION CERTIFICATION
PLEASE TYPE OR PRINT NEATLY IN INK
(Form cannot contain revisions, corrections or items whited-out)

Type of Certification	Project Designer <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Supervisor <input type="checkbox"/>																		
Applicant Information	Name _____ Street Address _____ Apartment/Suite # _____ City _____ State _____ Zip Code _____ County _____ Date of Birth (MM/DD/YYYY) _____ Telephone _____																		
Experience/ Work History	<p>To be eligible for certification, Project Designer, Risk Assessor and Supervisor applicants must meet the prerequisite for work experience for years worked and specific work history. (See EPA 40 CFR Part 745.226 for further clarification; however, do not use "attach resume" as this is a notarized form.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date (MM/YY) i.e. From 4/00 – 6/02</th> <th style="text-align: center;">Employer's Name</th> <th style="text-align: center;">Experience (Be specific, all experience must be listed on this form.)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Date (MM/YY) i.e. From 4/00 – 6/02	Employer's Name	Experience (Be specific, all experience must be listed on this form.)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Notarized Statement (Sign only in presence of a Notary)	<p>I certify, under penalty of law, that all information given on this application is true and correct.</p> <p style="text-align: center;">_____ Applicant Signature Date</p> <p>Subscribed and sworn to before me on: _____ (MONTH) _____ (DAY) _____ (YEAR)</p> <p>_____ Signature of Person Administering Oath</p> <p>My commission expires on _____ . SEAL</p>																		
Filing Requirements	<p>Mail this form and any other required applications/documentation to:</p> <p>PA Department of Labor & Industry Certification, Accreditation and Licensing Division 651 Boas Street, Room 1606 Harrisburg, PA 17121</p> <p>Please direct any questions regarding certification to 717-772-3396 or CALBOIS@pa.gov.</p>																		