



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
REPLACEMENT OCCUPATION LICENSE AND/OR IDENTIFICATION BADGE

GENERAL INFORMATION

If a license certificate or identification badge is damaged, lost or stolen, licensees may order replacements. A fifteen dollar (\$15)-fee will be assessed for duplicate and/or replacement license certificates or identification badges. 19 CSR 30-70.120(5)

To order duplicate/replacement Lead Abatement licenses or identification badges:

1. Complete this form
2. Enclose a check or money order for \$15.00 made payable to the Missouri Department of Health and Senior Services for each license certificate or identification badge.

INCOMPLETE FORMS WILL DELAY PROCESSING AND ISSUANCE OF LICENSE OR ID

The individual signing this form must provide their social security number pursuant to state law § 324.024 RSMo. Failure or refusal to provide your social security number will result in denial of your request.

• **Please type or print legibly.**

- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts,
 Attn: Fee Receipts
 P.O. Box 570
 Jefferson City, MO 65102-0570.

THIS APPLICATION IS FOR: ___ License Certificates (\$15.00 each) ___ Identification Badges (\$15.00 each)

Fee Paid-
 Internally Reviewed By:
 Date Stamp

 (For program use only)

PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT --- FIRST	MIDDLE INITIAL	LAST

HOME ADDRESS (STREET, APARTMENT)

CITY	STATE	ZIP CODE	COUNTY

TELEPHONE NUMBER (____) ____ - _____	SOCIAL SECURITY NUMBER ____ - ____ - _____
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EMAIL ADDRESS

Number of replacement Identification Badge/License for which category:

Lead Abatement Worker	Lead Abatement Supervisor	Lead Inspector	Lead Risk Assessor	Lead Project Designer
Badge	Badge	Badge	Badge	Badge
License Certificate	License Certificate	License Certificate	License Certificate	License Certificate

PART I. CERTIFICATION

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.

SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)	DATE