

New Jersey State Department of Health & Senior Services  
Consumer & Environmental Health Services  
P.O. Box 360  
Trenton, NJ 08625-0360

**STATEMENT OF EDUCATION AND EXPERIENCE REQUIREMENTS**

**LEAD INSPECTOR/RISK ASSESSOR**

**Education and Experience Requirements**

Prior to training, all individuals applying for a lead Inspector/Risk Assessor permit must certify that they meet the minimum education and experience requirements as set forth in N.J.A.C. 8:62-3.2. A permit will be issued only to those applicants who meet the following:

One (1) year experience in a related field (eg. lead, asbestos, environmental remediation work, construction-related health and safety inspection) and one of the following:

1. A Bachelor's degree and one (1) additional year of experience in a related field.
2. Certification as a sanitary inspector-grade 1, health officer, an industrial hygienist, an engineer, a registered architect, or an environmentally-related scientific field such as a environmental scientist.
3. A high school diploma (or equivalent) and at least two additional years experience in a related field.

**Certification**

I do hereby certify that I have read the above education and experience qualifications for a lead Inspector/Risk Assessor permit. I understand that I will be required to submit proof of my education and experience when I submit my "Application for Lead Permit" to the New Jersey Department of Health & Senior Services (NJDHSS). I also understand that such information will be subject to verification by the NJDHSS. If such information submitted is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:62, which may include the revocation of any permit(s) issued by the NJDHSS and/or a civil administrative penalty of \$1000 to \$5000 per violation.

**Please check one of the following:**

I meet the above requirements  I do not meet the above requirements

Name of Trainee (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Training Manager (Print) \_\_\_\_\_

Agency Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_