



**Cherokee Nation
Lead-Based Paint Training Program
Accreditation Application/Receipt/Invoice**

To obtain accreditation as a LBP training facility from the Cherokee Nation Environmental Programs, please attach a copy of Oklahoma Department of Environmental Quality Certification.

1) Please check appropriate courses for which INITIAL accreditation is sought:

- | | | |
|---|------|---|
| <input type="checkbox"/> Inspector | -or- | <input type="checkbox"/> Refresher Inspector |
| <input type="checkbox"/> Risk Assessor | -or- | <input type="checkbox"/> Refresher Risk Assessor |
| <input type="checkbox"/> Supervisor | -or- | <input type="checkbox"/> Refresher Supervisor |
| <input type="checkbox"/> Project Designer | -or- | <input type="checkbox"/> Refresher Project Designer |
| <input type="checkbox"/> Abatement Worker | -or- | <input type="checkbox"/> Refresher Abatement Worker |

2) Please check appropriate courses for which RENEWAL accreditation is sought:

- | | | |
|---|------|---|
| <input type="checkbox"/> Inspector | -or- | <input type="checkbox"/> Refresher Inspector |
| <input type="checkbox"/> Risk Assessor | -or- | <input type="checkbox"/> Refresher Risk Assessor |
| <input type="checkbox"/> Supervisor | -or- | <input type="checkbox"/> Refresher Supervisor |
| <input type="checkbox"/> Project Designer | -or- | <input type="checkbox"/> Refresher Project Designer |
| <input type="checkbox"/> Abatement Worker | -or- | <input type="checkbox"/> Refresher Abatement Worker |

3) Does the training program use EPA-developed model training materials? Yes No

4) Program Name _____
Mailing Address _____
City _____ State _____ Zip _____ County _____
Street Address _____
City _____ State _____ Zip _____ County _____
Phone () _____ Fax () _____ E-mail _____

5) Training Manager _____ Social Security # _____
Mailing Address _____
City _____ State _____ Zip _____ County _____
Street Address _____
City _____ State _____ Zip _____ County _____
Phone () _____ Fax () _____ E-mail _____

6) Authorized Contact _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Street Address _____

City _____ State _____ Zip _____ County _____

Phone () _____ Fax () _____ E-mail _____

7) Signature of Training Manager _____ Date _____

PLEASE RETURN APPLICATION TO:

Cherokee Nation
Environmental Programs
P.O. Box 948
Tahlequah, OK 74465
(918) 453-5009