

NONSUBSTANTIVE

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2018-0830-03N	EMERGENCY NUMBER
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ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OCT. 10 2018
1:40 PM

For use by Office of Administrative Law (OAL) only

<p>NOTICE</p>	<p>REGULATIONS</p> <p style="text-align: center;">2018 AUG 30 P 4: 07 OFFICE OF ADMINISTRATIVE LAW</p>
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AGENCY WITH RULEMAKING AUTHORITY
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

AGENCY FILE NUMBER (if any)
DPH-18-012

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CLPP \$12 FEE INCREASE (SECTION 100)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 35095
	REPEAL
TITLE(S) 17	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

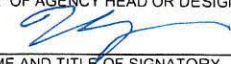
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON LINDA M. CORTEZ	TELEPHONE NUMBER 916-440-7807	FAX NUMBER (Optional) 916-636-6220	E-MAIL ADDRESS (Optional) LINDA.CORTEZ@CDPH.CA.GOV
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 8/20/18
TYPED NAME AND TITLE OF SIGNATORY KEITH VAN WAGNER, ASSISTANT CHIEF COUNSEL	

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ENDORSED APPROVED

OCT 10 2018

Office of Administrative Law

Title 17. Public Health
Division 1. State Department of Health Services
Chapter 8. Accreditation, Certification and Work Practices for
Lead-Based Paint and Lead Hazards
Article 2. Eligibility Requirements for Accreditation and
Course Approval

(1) Amend Section 35095 as follows:

§ 35095. Application Requirements.

(a) A complete application for certification ~~or interim certification~~ shall consist of a non-refundable ~~\$75.00~~\$87.00 application fee per certificate ~~or interim certificate~~ requested and a completed CDPH Form 8488 ~~(6/07)~~(6/18), Application for Lead Certification, with required documentation:

(1) Type of certification ~~or interim certification~~ requested and amount of fee(s) paid:

- (A) Certified lead inspector/assessor;
- (B) Certified lead supervisor;
- (C) Certified lead sampling technician;
- (D) Certified lead project monitor; or
- (E) Certified lead worker.

(2) Applicant's name, residence address, (and mailing address, if different), telephone number, date of birth, gender, race/ethnicity and photo identification number with a description of the photo identification document.

(3) Documentation of applicant's education, training, and experience, including:

(A) ~~An~~Original original Course Completion Form, CDPH Form 8493 (6/07), for a course issued by an accredited training provider.

(B) A Proof of Experience CDPH Form 8539 (6/07) for each employer providing documentation of completion of lead-related construction or other applicable experience. Each Proof of Experience form shall contain:

1. The applicant's name;
2. The name and address of the applicant's employer;

3. The name and telephone number of the applicant's supervisor, or the names and telephone numbers of three client references, if self-employed;

4. The applicant's employment dates;

5. Descriptions of specific lead-related construction or other applicable activities performed;

6. Estimated percentage of time associated with lead-related construction or other applicable activities; and

7. The name, title, and signature of the applicant's supervisor or employer, or the applicant's signature, if self-employed, verifying, under penalty of perjury, that the information contained on the Proof of Experience CDPH Form 8539 (6/07) is true and correct:

(C) Evidence of completion of postsecondary education, such as a transcript or diploma.

(D) Certified Industrial Hygienists, who possess a Course Completion Form from a lead-related construction Certified Industrial Hygienist course, may substitute a copy of their American Board of Industrial Hygiene Certificate, or its equivalent, for evidence of both experience and postsecondary education documentation.

(4) Two passport style, 1 inch by 1 inch, photographs.

(5) Applicant's signature and date signed, verifying, under penalty of perjury, that all information contained on and submitted with CDPH Form-8488 (6/07)(6/18), Application for Lead Certification, is true and correct.

(b) A complete application for certification ~~or interim certification renewal~~ shall consist of a completed CDPH Form 8553 (6/07), Renewal of Lead Certification, and a non-refundable ~~seventy-five~~eighty-seven dollar ~~(\$77.00)~~(\$87.00) application fee for each certificate ~~or interim certificate renewal~~ requested with the following required documentation:

(1) If not submitted to the Department in the previous year, an original Course Completion Form CDPH Form 8493 (6/07) issued by an accredited training provider for:

(A) General continuing education, if the application is for renewal of inspector/assessor, project designer, sampling technician, or project monitor certification ~~or interim certification~~; or

(B) General continuing education or continuing education for workers, if the application is for renewal of supervisor certification ~~or interim certification~~; or

(C) Continuing education for workers, if the application is for renewal of worker certification.

(2) Documentation specified in ~~sections 35095~~ subdivision (a)(2), and 35095 subdivision (a)(5); and

(3) Certificate ~~or interim certificate~~ number(s), expiration date(s) and amounts of fee(s) paid.

(c) Certified ~~or interim certified~~ individuals shall notify the Department within 30 calendar days of a change of address.

Note: Authority cited: Sections 105250, 105250.1, 124160 and 131200, Health and Safety Code. Reference: Sections 105250, 105250.1, 124160 and 131051, Health and Safety Code.

AMEND

State of California - Health and Human Services Agency

California Department of Public Health
Childhood Lead Poisoning Prevention Branch

Application for Lead Certification

(Not for Renewal Applications)

Instructions: Type or print all information clearly. Complete both sides of this form. Enclose the required fees, photographs and documentation of your training, experience and education, if applicable. **Note: your name, certification number, and expiration date will be added to the list of CDPH-certified individuals on the CLPPB website.**

1. Applicant Information:

Name: _____
Last First Middle Initial

Home Address: _____
Street Address, Apt. No.

City State Zip

Mailing Address: _____
(If different from above) Company Name

Street Address, Apt. No.

City State Zip

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Date of Birth: ____/____/____
Month Day Year

E-Mail Address: _____

Photo Identification: Number: _____
Type: Driver's License Military ID Card Passport
 State ID Card Resident Alien Card Other ID: _____

Gender: Male Female

Race / Ethnicity: Asian Native American
 Black / African American Pacific Islander
 Latino / Hispanic White Other: _____

2. Type of Certification: Check the circle(s) for the certificate(s) you want and fill in the amount paid.

	Fee Due	Amount Paid
<input type="checkbox"/> Lead Inspector/Assessor Certificate	\$ 8775.00	\$ _____ .00
<input type="checkbox"/> Lead Supervisor Certificate	\$ 8775.00	\$ _____ .00
<input type="checkbox"/> Lead Sampling Technician Certificate.....	\$ 8775.00	\$ _____ .00
<input type="checkbox"/> Lead Project Monitor Certificate	\$ 8775.00	\$ _____ .00
<input type="checkbox"/> Lead Worker Certificate	\$ 8775.00	\$ _____ .00

Total Amount Paid: \$ _____ .00

3. **Fees:** Enclose the required fees for each Certificate requested. (See Fees Due, above.) Payment must be a check or money order payable to California Department of Public Health. Cash is **not** accepted. Fees are **non-refundable**.

4. **Other Applications:** Have you ever applied for a California Lead Certificate before? Yes No

5. **Statewide Examination:** Enclose a copy of the ~~Cooperative Personnel Services~~ CPS HR notice that you successfully completed the appropriate Statewide Examination. **over ▶**

AMEND

6. Training, Experience, and Education: Please enclose the following information with this application as proof that you satisfy the eligibility requirements for each certificate you requested.

- **Lead-related construction training:** Enclose the pink Course Completion Form (CDPH 8493) from your CDPH-approved lead-related construction course(s). If your training is more than 1 year old, **also** enclose the pink Course Completion Form for your continuing education course.

Certificate Requested	Required Lead Related Construction Training
Inspector/Assessor	Inspection / Assessment (40 hours) (CIHs may take Lead Training for Certified Industrial Hygienists (24 hours))
Supervisor	Supervision & Project Monitoring (40 hours) or Work (24 hours) and Supplemental Supervision & Project Monitoring (16 hours)
Sampling Technician	Sampling Technician (8 hours)
Project Monitor	Supervision & Project Monitoring (40 hours) or Work (24 hours) and Supplemental Supervision & Project Monitoring (16 hours) (CIHs may take Lead Training for Certified Industrial Hygienists (24 hours))
Worker.....	Work (24 or 32 hours)

Note: You must apply to the Department within one year of the date you complete your training. If you wait longer than one year to apply, you must complete seven hours of CDPH-approved continuing education. If you wait longer than three years to apply, you must take a new CDPH-approved lead-related construction course.

- **Experience:** (not required for Worker certificates) To show that you have completed the required work experience, enclose completed Proof of Experience forms (CDPH 8539) for each employer who is verifying that you have experience which makes you eligible for certification.

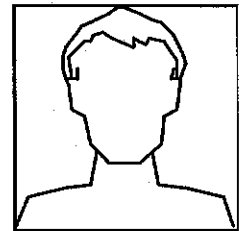
Note to Applicants for Supervisor: A current and active contractor's license issued in the applicant's name by the California Contractors State License Board within the classifications A, B, C-4, C-12, C-15, C-17, C-21, C-32, C-33, C-34, C-35, C-39, C-43, C-47, C-61/D-38, C-61/D-63, ASB, or HAZ serves as proof of experience. You may submit a copy of your Contractor's license, in place of the Proof of Experience form.

- **Education:** (not required for Worker or Supervisor certificates) To show that you have completed the required education, enclose copies of your diploma or transcripts or other documentation, if applicable.

Note: If you are a Certified Industrial Hygienist, and have completed a CDPH-approved lead-related construction course for Certified Industrial Hygienists, you may submit a copy of your American Board of Industrial Hygiene certificate (or its equivalent) in place of **both** the Proof of Experience form (CDPH 8539) and your diploma or transcripts.

7. Photograph: You must include a recent photograph of yourself. It must be in portrait style (see diagram at right). Select one of the follow methods for providing the photo:

- A photo print, at least two inches square (no digital printouts). Print your name on the back.
- Digital photo on a 3 1/2 inch diskette. It should be at least 640 x 480 pixels, in JPEG format, and have your name as the file name. Do not send digital printouts.
- Digital photo, e-mailed to LeadPhotos@cdph.ca.gov. It should be at least 640 x 480 pixels, in JPEG format, and have your name as the file name. Date e-mailed: _____



I hereby certify, under penalty of perjury, that the information I have provided in this application is true and correct. I further acknowledge my duty under the California Code of Regulations (Title 17, §§ 35000 *et seq.*) to maintain, for a minimum of three years, specified documents related to lead hazard projects that I prepare, perform, or supervise. Further, I acknowledge my duty under these regulations to make these documents available to CDPH upon request.

Your Signature: _____

Date Signed

Mail Your Application To:
California Department of Public Health
Childhood Lead Poisoning Prevention Branch
850 Marina Bay Parkway
Building P, Third Floor, Box C
Richmond, CA 94804-6403

Notify the Department within 30 calendar days if your name, address, e-mail or phone number changes.

The Department of Public Health, Childhood Lead Poisoning Prevention Branch, requests this information under the Health & Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Public Health. For information or access to your records, 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 (510-620-5694 outside California).

Smith, Richard@OAL

From: Cortez, Linda@CDPH <Linda.Cortez@cdph.ca.gov>
Sent: Tuesday, October 09, 2018 1:39 PM
To: Smith, Richard@OAL
Subject: Authorization for Changes to OAL File No. 2018-0830-03N


Good afternoon,

The California Department of Public Health authorizes OAL to make the following changes to OAL File No. 2018-0830-03N:

1. Replace the originally submitted Section 100 statement in the administrative record with the revised Section 100 statement sent by email on 10/5/2018.
2. Replace the originally submitted regulation text attached to the Form 400s with the revised regulation text sent by email on 10/5/2018.
3. Replace the originally submitted CDPH 8488 application form attached to the Form 400s with the revised CDPH 8488 application form sent by email on 10/5/2018.

Thank you.

Linda M. Cortez, Regulation Coordinator
Department of Public Health
Office of Regulations
916-440-7807
Linda.Cortez@cdph.ca.gov

 Save a tree. Don't print this e-mail unless it's necessary



JUSTIFICATION OF SECTION 100 RULEMAKING

AUTHORITY

The California Department of Public Health (Department) proposes to amend the fee for the application for Lead-Related Construction (LRC) certification in the California Code of Regulations (CCR), title 17, section 35095. The amendment is proposed as a "change without regulatory effect" under CCR, title 1, section 100.

The proposed regulatory change is necessary in order to address Health & Safety Code (HSC) section 105250.1 (Assembly Bill 1810, *Stats. 2018, Ch. 34, Sec. 11*) which increases, beginning July 1, 2018, the LRC Program fee to cover the administrative costs in connection with the initial certification and annual renewal of individuals certified to perform LRC work in California from \$75.00 to \$87.00.

In 1994, the Legislature established the LRC Program within the Department in order to meet the requirements of the federal Residential Lead-Based Paint Hazard Reduction Act of 1992 (Act). (Health & Saf. Code, § 105250.)

In accordance with the federal Act, the Department is required and authorized to administer a residential lead-based paint hazard reduction program and to adopt and amend regulations implementing the certification of individuals trained to perform LRC work in the state (Health & Saf. Code, § 105250, subd. (b)). Section 35095 of CCR, title 17, currently identifies the certification fee of \$75.00 for initial certification and annual renewal, established by regulation in 1993.

DETAILED DISCUSSION OF THE REGULATION

Section 35095: Has been amended to update the application fee for LRC certification from \$75.00 to \$87.00, and to update the date of form CDPH 8488, Application for Lead Certification, which was revised to reflect the application fee increase. These changes are necessary in order to comply with the requirements of HSC section 105250.1. The increased fee will help in reducing certification application turnaround times, and will decrease complaints from frustrated contractors.

Since the section is open for revision, reference to the outdated term "interim certification" has been removed since section 35093 of CCR, title 17, limited applications for interim certification through August 30, 1998, and applications for renewal of interim certification ended December 31, 1998. Individuals who possessed interim certificates with expiration dates after April 30, 1999, were not eligible to renew their interim certificate(s) and were required to take and pass the Department's certification examination to be eligible to apply for certification.

Additional nonsubstantive changes were made to form CDPH 8488. In section 5 "Cooperative Personnel Services" is now referred to as "CPS HR." Other nonsubstantive grammatical changes have also been made and the authority and references cited have been updated to identify the new statute.