

D&S DIVERSIFIED TECHNOLOGIES-HEADMASTER, LLP

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OHIO LEAD LICENSE EXAM | RENEWAL SCHEDULING APPLICATION - D&S DIVERSIFIED TECHNOLOGIES (D&SDT)-HEADMASTER SCHEDULING AND PAYMENT FORM (FORM 1402OL)

Your application to obtain an initial Ohio lead license or to renew a current Ohio lead license must be or has been approved by the Ohio Department of Health. If you applied for an initial license and were not recognized as a reciprocity candidate, you must schedule a test appointment and pass the Ohio lead license examination in your requested lead discipline. If you applied for an initial Ohio lead license with reciprocity, or you are renewing a current lead license, you only need to have your license identification photo taken at a D&S Diversified Technologies test site by a certified test examiner.

Testing Choices: Refer to the test schedule 1700OL available on the Ohio Lead Abatement Testing and Certification webpage at: www.hdmaster.com. Request a 1st and 2nd choice test date and location to take your Ohio Lead Exam or to have your picture taken for your Ohio lead license renewal/reciprocity.

st Choice Test	t Date (From Fo	orm 1700OL-Tes	st Schedule	e) 2 nd Cho	ice Test	t Date (Fror	n Form 17000	OL-Test Schedule)
Test Site #	Test Date	Test Site Name		Test Site	#	Test Date	Test Sit	e Name
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	CHECK ONLY O	NE LEAD DISCIPI		SE EXAM OR REN	-	ECIPROCITY '	THAT APPLIES	S TO YOU.
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	Lead Discipl		Lead Test Requested	Price	Tota	al	,	Requested
Lead Aba	atement Worke			\$70.00		Lead A	Abatement Wo	
Lead Abatement Contractor				\$70.00		Lead A	Abatement Cor	ntractor
Lead Risk Assessor				\$70.00		Lead F		
Lead Inspector				\$70.00		Lead I	Lead Inspector	
Lead Clearance Technician				\$70.00		Lead (Lead Clearance Technician	
	ersion <i>of Lead Te</i> .	st Requested		\$10.00 additional				
Test Review Fee				\$25.00			There is no fee for	
Reschedule Fee Refund Fee				\$35.00			Renewals/I	Reciprocities
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Check methodometric Comparison of Party Responsible Card Hold ADA ACCOMMODINATE for Credit also authorize as stated on this ithin five days.	Service Fee od of payment: Iny Pay Insible for Payment: Visa or Master Ider Name as it appears Card Payments: If If fax fee of \$5.00 of form and as state	Company Name: r Card Paymen s on your credit card: cial accommodations under payment is made be charged to my cre ed in the candidat	Title Cred Auth er the Americans by credit card idit card if I if the handbook	\$15.00 each Cashier's (**NO PERSONAL CH it Card #: it Card #: with Disabilities Act please and fee is disputed, fax my application (Please call D&SE	Check _ ECKS ACCE Compan Phone: Phone: see form 140 you will be into D&SI T at (877	y Address: y Address: Ex 40L available on the charged a \$3: DT-Headmaste)851-2355 if y	piration Date: e Ohio Lead Licensing c charge back feer. By signing to	Company Phone: Zip: Billing Zip Code: g webpage at www.hdmaster.com. e along with any testing fees this form I accept the policeive a test confirmation em
Check methodome of Party Responsition of Par	Service Fee od of payment: Iny Pay Insible for Payment: Visa or Master Ider Name as it appears DATION: If you need spec Card Payments: If If fax fee of \$5.00 of form and as state	Company Name: r Card Paymen s on your credit card: cial accommodations under payment is made b charged to my cre ed in the candidat	Title Cred Auth er the Americans by credit card idit card if I is the handbook	\$15.00 each Cashier's (**NO PERSONAL CH	Check _ ECKS ACCE Compan Phone: Phone: see form 140- you will be into D&SI OT at (877	y Address: Ex To	spiration Date: e Ohio Lead Licensing 5 charge back feer. By signing 1 you do not rece	Company Phone: Zip: Billing Zip Code: g webpage at www.hdmaster.com. e along with any testing fees. this form I accept the police eive a test confirmation em
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