

Lead Safety for Renovation, Repair and Painting

Craven County Health Department – Division of Environmental Health
2818 Neuse Boulevard; PO Drawer 12610 New Bern, NC 28561
(252) 636-4936 fax (252) 636-1474 envhealth@cravencountync.gov

Indicate Class Date Please call for Availability – class schedules may change

Initial Class: \$125 or Free if Low-Income or **\$225 if HUD Grant Unavailable**

Must present evidence of low-income status at time of registration

[Fee explanation: \$250.00 - \$25 County Supplement - \$100 HUD Grant Supplement = \$125 standard registration fee

An additional HUD Grant Supplement of \$125 is available for documented low-income participants while grant funds are available]

7/22/11 8/26/11 9/23/11 10/28/11 11/18/11

Class date (other date that is not listed but now available): _____

Policies

- Fees subject to change – please call to confirm current amount.
- Grant funding is awarded first-come first-serve and may not be available at time of your registration.
- Payment due at least 10 days before class or the seat may be released to a student on the waiting list.
- Refund policy: Refunds are only available upon request if the cancellation is received 10 or more days prior to the class date. Substitutions are welcome.

Student Information

Name _____ Phone _____
Street Address _____ Date of Birth _____
City, State, Zip _____ County of Residence _____
Email address _____

Employer Information

Employer: _____ Phone: _____
Address: _____
City, State, Zip: _____
Email address: _____

Which of the following applies to you? (Check all that apply.)

Property owner 1 – 4 units
 5 – 25 units
 25+ units

Contractor painting
 general remodeling
 windows and siding

- Property manager
- Child care center owner
- Child care center employee
- Maintenance worker or supervisor
- Public health official
- Other _____ (please specify)
- Staff from housing agency, community
- Development or historic preservation society
- Realtor
- Parent of a small child
- Parent of a child who tested positive for lead poisoning

Date: _____ Signature: _____