

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** **County of Residence:** _____

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]

11/18/11 1/27/12 2/24/12 3/23/12 4/27/12 5/25/12

7/27/12 8/24/12 9/21/12 10/26/12 11/16/12 12/14/12

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

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

Other _____ (please specify)

Date: _____ Signature: _____