

# 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](mailto: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]

1/25/13  2/22/13  3/22/13  4/26/13  5/31/13  6/28/13

7/26/13  8/23/13  9/27/13  10/25/13  11/22/13  12/20/13

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: \_\_\_\_\_