Da	D&S Diversified Technologies LLP	D&S DIVERSIFIED TECHNOLOGIES-HEADMASTER, LLP P.O. Box 6609, Helena, MT 59604 (877)851-2355 – Fax: (406)442-3357	Innovative, quality technology solutions throughout the United States since 1985.
	Headmaster LLP	Email: <u>hdmaster@hdmaster.com</u> www.hdmaster.com	

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 17000L available on the Ohio Lead Abatement Testing and Certification webpage at: <u>www.hdmaster.com</u>. 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.

This completed Form 14020L must be received in our office 7 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).

1 st Choice Test Date (From Form 1700OL-Test Schedule)		2 nd Choice Test Date (From Form 1700OL-Test Schedule)			
Test Site #	Test Date	Test Site Name	Test Site #	Test Date	Test Site Name

CHECK ONLY ONE LEAD DISCIPLINE LICENSE EXAM OR RENEWAL/RECIPROCITY THAT APPLIES TO YOU.

Exam Types and Fee Payment

Lead Discipline	Lead Test Requested	Price	Total	Renewal/F	Reciprocity Requested
Lead Abatement Worker		\$70.00		Lead Abatement Wor	
Lead Abatement Contractor		\$70.00		Lead Abatement Cont	tractor
Lead Risk Assessor		\$70.00		Lead Risk Assessor	
Lead Inspector		\$70.00		Lead Inspector	
Lead Clearance Technician		\$70.00		Lead Clearance Techn	nician
ORAL Version of Lead Test Requested		\$10.00 additional			
Test Review Fee		\$25.00		There is n	no fee for
Reschedule Fee		\$35.00		Renewals/R	eciprocities
Refund Fee		\$35.00			
Priority Fax Service		\$ 5.00			
Overnight Shipping Fee		\$39.50			
Express Service Fee		\$15.00 each			
·			\$		
Check method of payment: Check (Co Make pay	ompany Only vable to D&SDT		_neck wi	oney Order vis	
Company Pay Company Name:			Company Addre	SS:	Company Phone:
Company Pay Company Name: Name of Party Responsible for Payment:	Title		Company Addres	\$5:	Company Phone: Zip:
company Pay	Title	P:			Zip:
Name of Party Responsible for Payment:	ent Cre			Expiration Date:	
Name of Party Responsible for Payment:	ent Cre	P:	Phone:		Zip:
Name of Party Responsible for Payment:	ent Cre ent Aut d: Aut e by credit card credit card if I date handboo	e: dit Card #: horized Card Holder Sign s with Disabilities Act please : l and fee is disputed, y fax my application i	Phone: Phone: ature: see form 14040L avaik you will be charg nto D&SDT-Hea	Expiration Date: Today's Date: able on the Ohio Lead Licensing v ed a \$35 charge back fee admaster. By signing th	Zip: Billing Zip Code: webpage at www.hdmaster.com. along with any testing fees. his form I accept the policies
Name of Party Responsible for Payment: For Visa or Master Card Payment Authorized Card Holder Name as it appears on your credit car ADA ACCOMMODATION: If you need special accommodations u NOTE for Credit Card Payments: If payment is made I also authorize a fax fee of \$5.00 charged to my c as stated on this form and as stated in the candic within five days. **NO PERSONAL CHECKS ACCEPT	Title ent Cre d: Aut under the Americans e by credit card credit card if I date handboo FED**	e: dit Card #: horized Card Holder Sign swith Disabilities Act please I and fee is disputed, y fax my application i k. Please call D&SD	Phone: Phone: see form 14040L availa you will be charg nto D&SDT-Hea T at (877)851-2	Expiration Date: Today's Date: able on the Ohio Lead Licensing v ed a \$35 charge back fee admaster. By signing th 355 if you do not recei	Zip: Billing Zip Code: webpage at www.hdmaster.com. along with any testing fees. his form I accept the policies
Name of Party Responsible for Payment: For Visa or Master Card Payment Authorized Card Holder Name as it appears on your credit car ADA ACCOMMODATION: If you need special accommodations of NOTE for Credit Card Payments: If payment is made I also authorize a fax fee of \$5.00 charged to my c as stated on this form and as stated in the candic within five days. **NO PERSONAL CHECKS ACCEPT	Title ent Cre d: Aut under the Americans e by credit card credit card if I date handboo FED**	e: dit Card #: horized Card Holder Sign s with Disabilities Act please : l and fee is disputed, y fax my application i k. Please call D&SD Social	Phone: Phone: see form 14040L availa you will be charg nto D&SDT-Hea T at (877)851-2 Security Numbe	Expiration Date: Today's Date: able on the Ohio Lead Licensing v ed a \$35 charge back fee admaster. By signing th 355 if you do not recei	Zip: Billing Zip Code: webpage at www.hdmaster.com. e along with any testing fees. his form I accept the policies ive a test confirmation email
Name of Party Responsible for Payment: For Visa or Master Card Paymed Authorized Card Holder Name as it appears on your credit car ADA ACCOMMODATION: If you need special accommodations of NOTE for Credit Card Payments: If payment is madd I also authorize a fax fee of \$5.00 charged to my of as stated on this form and as stated in the candid within five days. **NO PERSONAL CHECKS ACCEPT Name: Phone Number: Signature:	Title ent Cre ent d: Aut under the Americans e by credit card redit card if I date handboo rED** Email:	e: dit Card #: horized Card Holder Sign s with Disabilities Act please : l and fee is disputed, y fax my application i k. Please call D&SD Social	Phone: Phone: see form 14040L availa you will be charg nto D&SDT-Hea T at (877)851-2 Security Numbe	Expiration Date: Today's Date: able on the Ohio Lead Licensing v ed a \$35 charge back fee admaster. By signing th 355 if you do not recei	Zip: Billing Zip Code: webpage at www.hdmaster.com. e along with any testing fees. his form I accept the policies ive a test confirmation email