

# **SECTION 2**

## **Prior Notification Procedures and Application Forms**



STATE OF TENNESSEE  
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
 DIVISION OF SOLID WASTE MANAGEMENT—TOXIC SUBSTANCES PROGRAM  
 WILLIAM R. SNODGRASS TENNESSEE TOWER  
 312 ROSA L. PARKS AVENUE, 14TH FLOOR  
 NASHVILLE, TN 37243

PROJECT NUMBER - OFFICE USE ONLY

**LEAD-BASED PAINT ACTIVITY NOTIFICATION**

**ILLEGIBLE FORMS WILL NOT BE ACCEPTED. COMPLETE ALL SECTIONS OF THIS LBP NOTIFICATION FORM BEFORE SUBMITTING TO THE STATE OF TENNESSEE LBP PROGRAM. ALSO, TYPE OR PRINT ALL RESPONSES IN BLACK OR BLUE INK ONLY.**

<b>1. PROPERTY INFORMATION:</b>	PROPERTY NAME	ADDRESS	CITY	STATE	ZIP
	OCCUPANT NAME	PHONE ( )	PROPERTY OWNER PHONE ( )		
	OWNER NAME	ADDRESS	CITY	STATE	ZIP

**2. ACTIVITY - CHECK ALL THAT APPLY:**

<b>A. TYPE OF ACTIVITY:</b>	<b>B. REASON FOR ACTIVITY:</b>	<b>C. HOURS OF OPERATION:</b>	<b>D. PROJECT DATES:</b>
<input type="checkbox"/> ABATEMENT <input type="checkbox"/> RENOVATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> RISK ASSESSMENT <input type="checkbox"/> CLEARANCE	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> HUD GRANTEE <input type="checkbox"/> ALL FEDERAL AGENCIES AND DEPARTMENTS OTHER THAN HUD <input type="checkbox"/> PUBLIC HOUSING AUTHORITY <input type="checkbox"/> TENNESSEE HOUSING DEVELOPMENT AGENCY	<input type="checkbox"/> DAY (5AM - 5PM) <input type="checkbox"/> EVENING (5PM - 8PM) <input type="checkbox"/> NIGHT (8PM - 5AM) <input type="checkbox"/> WEEKEND NUMBER SITE PERSONNEL → <input type="text"/>	START _____ MM / DD / YYYY END _____ MM / DD / YYYY <input type="checkbox"/> INITIAL NOTIFICATION <input type="checkbox"/> NOTIFICATION REVISION # _____ <input type="checkbox"/> CANCELLATION _____ INITIALS                      DATE

**E. DWELLING:**     OWNER OCCUPIED     TENANT OCCUPIED     UNOCCUPIED

<b>F. TYPE OF FACILITY:</b>	<b>G. PROJECT INCLUDES:</b>	<b>H. SITE DESCRIPTION:</b>	<b>I. MISCELLANEOUS:</b>
<input type="checkbox"/> TARGET HOUSING <input type="checkbox"/> SINGLE FAMILY DWELLING # OF CHILDREN LIVING IN DWELLING: UNDER AGE 6 _____ AGES 6 TO 17 _____ <input type="checkbox"/> PREGNANT WOMAN LIVING IN DWELLING <input type="checkbox"/> MULTI-FAMILY COMPLEX <input type="checkbox"/> CHILDREN ARE LIVING IN COMPLEX <input type="checkbox"/> CHILD OCCUPIED FACILITY (i.e. DAYCARE, PRE-SCHOOL) # OF CHILDREN _____ AGE RANGE _____	<input type="checkbox"/> INTERIOR WORK <input type="checkbox"/> EXTERIOR WORK <input type="checkbox"/> SOIL <input type="checkbox"/> WINDOW(S)	<input type="checkbox"/> WOOD <input type="checkbox"/> STUCCO <input type="checkbox"/> BRICK <input type="checkbox"/> SIDING	YEAR BUILT _____ # OF LEVELS _____ # OF UNITS _____

**J. WRITE A BRIEF DESCRIPTION OF THE ABATEMENT PROJECT TO BE PERFORMED INCLUDING APPROXIMATE SQUARE FOOTAGE OF AREA TO BE ABATED (ATTACH ADDITIONAL PAGES IF NECESSARY):**

PROPERTY ADDRESS

<b>3. FIRM / CONTRACTOR INFORMATION:</b>	FIRM / CONTRACTOR NAME	CERTIFICATION NUMBER	EXPIRATION DATE
	STREET ADDRESS	CITY	STATE ZIP
	PHONE ( )	FAX ( )	EMAIL ADDRESS

<b>4. PROJECT SITE SUPERVISOR:</b>	NAME	CERTIFICATION NUMBER	EXPIRATION DATE
	PHONE ( )	FAX ( )	EMAIL ADDRESS

**5. REPORTS ATTACHED:**

**COMPLETE THIS SECTION FOR ALL ATTACHED DOCUMENTS (PRINT CLEARLY):**

<input type="checkbox"/> OCCUPANT PROTECTION PLAN	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> INSPECTION	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> RISK ASSESSMENT	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> SPECIFICATIONS	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> ABATEMENT	PREPARED BY	CERTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> CLEARANCE	CONDUCTED BY	CERTIFICATION NUMBER	EXPIRATION DATE

**6. CERTIFICATION AND SIGNATURE:**

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

	_____	_____
	FIRM / CONTRACTOR REPRESENTATIVE SIGNATURE	(PRINT) NAME OF REPRESENTATIVE
	_____	_____
	(PRINT) NAME OF FIRM / CONTRACTOR	DATE SIGNED (mm / dd / yyyy)

**7. RETURNING YOUR NOTIFICATION FORM:**

**COMPLETE ALL SECTIONS OF THIS LBP NOTIFICATION FORM BEFORE SUBMISSION. INCOMPLETE OR ILLEGIBLE NOTIFICATION FORMS AND/OR SUBMITTED DOCUMENTATION WILL NOT BE PROCESSED, BUT SHALL BE DEEMED AS NON-SUBMITTAL PURSUANT TO THE LBP RULE, CHAPTER 1200-1-18-.01(8)(e)(4) REQUIREMENTS. YOU WILL BE NOTIFIED OF THE DISCREPANCIES VIA FAX OR EMAIL AND RESUBMISSION WILL BE REQUIRED, PRIOR TO THE PROJECT START DATE.**

<b>MAIL NOTIFICATION FORM TO:</b> STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT—TOXIC SUBSTANCES PROGRAM WILLIAM R. SNODGRASS TENNESSEE TOWER 312 ROSA L. PARKS AVENUE, 14TH FLOOR NASHVILLE, TN 37243	<b>FAX:</b>  <b>615-532-0938</b>	<b>TDEC OFFICE USE ONLY:</b>
---	--	------------------------------



State of Tennessee  
 Department of Environment and Conservation  
 Division of Solid Waste Management - Toxic Substances Program  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 14th Floor  
 Nashville, TN 37243

**APPLICATION TO CONDUCT LEAD-BASED PAINT ACTIVITIES - FIRM**

**Instructions:** Complete and submit the application. Complete all sections of the application in ink. Include all required supporting documentation. Make payments to Treasurer, State of Tennessee by check, money order, or cashier's check - **do not send cash**. Mail application, documentation, and payment to: **State of Tennessee, Department of Environment and Conservation, Division of Fiscal Services - Fee Section, William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Ave., 10th Floor, Nashville, TN 37243.**

**Application Fee Non-Refundable:** Applicants will have 30 days from the date of initial receipt of the application to submit any missing information and/or needed documentation to complete the application process. If an applicant fails to respond within 30 days, the application will be cancelled, and the applicant will be required to reapply.

**1 - NAME AND ADDRESS**

NAME OF FIRM				FEIN	
<b>IF INDIVIDUAL</b> ▶	FIRST NAME	MIDDLE INITIAL	LAST NAME		SOC SEC NUMBER
	AREA CODE / PHONE NUMBER 1	AREA CODE / PHONE NUMBER 2	AREA CODE / FAX NUMBER	E-MAIL ADDRESS	
STREET / MAILING ADDRESS		CITY		STATE	ZIP

**2 - CALCULATING FEES**

CHECK YOUR SELECTION; ENTER TOTAL IN COLUMN E:	A. INITIAL CERTIFICATION	B. RE-CERTIFICATION	C. ANNUAL RENEWAL	D. 3 YEAR CERTIFICATION	E. TOTAL AMT ENCLOSED
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300	<input type="checkbox"/> \$1,100	\$ _____

**3 - ENVIRONMENTAL NON-COMPLIANCE ACTIONS** (use additional paper if needed)

HAVE YOU EVER RECEIVED A VIOLATION? IF YES, LIST VIOLATION(S)	STATE(S) OF OCCURRENCE

**4 - CERTIFICATION AND SIGNATURE**

I certify, under penalty of law, that: I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b); this document and all attachments were prepared by me or under my direction or supervision; and, all of the submitted information is, to the best of my knowledge and belief, true, accurate, and complete. I understand that the penalties for providing false information and making false or fraudulent statements or representations may include revocation of the permit, license or accreditation, civil penalties, and/or criminal prosecution resulting in a fine, imprisonment or both. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury. I affirm that the work practice standards according to Chapter Rule 1200-01-18 will be followed. I authorize the State of Tennessee to verify any information on or included with this application.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE (mm / dd/ yyyy)

\_\_\_\_\_

PRINTED NAME

[http://www.tn.gov/environment/solid-waste/solid-waste\\_lead-hazard.shtml](http://www.tn.gov/environment/solid-waste/solid-waste_lead-hazard.shtml)

FD051315



State of Tennessee  
 Department of Environment and Conservation  
 Division of Solid Waste Management - Toxic Substances Program  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 14th Floor  
 Nashville, TN 37243

OFFICE USE ONLY  
 U.S. EMPLOYMENT STATUS  
 DOCS SUBMITTED  
 MEETS STANDARD

**APPLICATION TO CONDUCT LEAD-BASED PAINT ACTIVITIES - INDIVIDUAL**

**Instructions:** Complete and submit the application. Complete all sections of the application in ink. Include all required supporting documentation. Make payments to Treasurer, State of Tennessee by check, money order, or cashier's check - **do not send cash**. Mail application, documentation, and payment to: **State of Tennessee, Department of Environment and Conservation, Division of Fiscal Services - Fee Section, William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Ave., 10th Floor, Nashville, TN 37243.**

**Required Documentation:** All applicants are required to provide **(1)** Valid employment status and identification documents (refer to page 4 "LISTS OF ACCEPTABLE DOCUMENTS" for required identification and employment status documents); **(2)** A copy of a current initial course completion certificate(s) **OR** a copy of a current refresher course completion certificate(s) and the previous training course completion certificate(s) in the appropriate disciplines (refer to page 3 "INSTRUCTION SHEET" for the complete training certificate requirements); **(3)** Valid documentation (diploma, certificate, or the equivalent) of education and/or work experience (refer to page 3 "INSTRUCTION SHEET" for the requirements for each discipline); and **(4)** A 2" x 2" passport-quality color photo.

**Application Fee Non-Refundable:** Applicants will have 30 days from the date of initial receipt of the application to submit any missing information and/or needed documentation to complete the application process. If an applicant fails to respond within 30 days, the application will be cancelled, and the applicant will be required to reapply.

**1 - APPLICANT INFORMATION**

FIRST NAME		MIDDLE INITIAL	LAST NAME		JR. SR. etc
AREA CODE / PHONE NUMBER 1	AREA CODE / PHONE NUMBER 2	AREA CODE / FAX NUMBER	E-MAIL ADDRESS		
STREET / MAILING ADDRESS		CITY	STATE	ZIP	

**2 - DISCIPLINE(S) AND FEE(S)**

A. <input type="checkbox"/> INSPECTOR	B. <input type="checkbox"/> RISK ASSESSOR	C. <input type="checkbox"/> SUPERVISOR	D. <input type="checkbox"/> PROJ DESIGNER	E. <input type="checkbox"/> WORKER
INITIAL <input type="checkbox"/> \$200 APP <input type="checkbox"/> \$70 EXAM	INITIAL <input type="checkbox"/> \$250 APP <input type="checkbox"/> \$70 EXAM	INITIAL <input type="checkbox"/> \$200 APP <input type="checkbox"/> \$70 EXAM	INITIAL <input type="checkbox"/> \$300 APP	INITIAL <input type="checkbox"/> \$60 APP
RECERT <input type="checkbox"/> \$200	RECERT <input type="checkbox"/> \$250	RECERT <input type="checkbox"/> \$200	RECERT <input type="checkbox"/> \$300	RECERT <input type="checkbox"/> \$60
ANNUAL <input type="checkbox"/> \$100	ANNUAL <input type="checkbox"/> \$125	ANNUAL <input type="checkbox"/> \$100	ANNUAL <input type="checkbox"/> \$150	ANNUAL <input type="checkbox"/> \$30
3 YEAR <input type="checkbox"/> \$400	3 YEAR <input type="checkbox"/> \$500	3 YEAR <input type="checkbox"/> \$400	3 YEAR <input type="checkbox"/> \$600	3 YEAR <input type="checkbox"/> \$120

TOTAL A \$ \_\_\_\_\_ TOTAL B \$ \_\_\_\_\_ TOTAL C \$ \_\_\_\_\_ TOTAL D \$ \_\_\_\_\_ TOTAL E \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED ADD A THROUGH E ► \$ \_\_\_\_\_

**3 - EMPLOYMENT STATUS AND IDENTIFICATION DOCUMENTS**

U.S. CITIZEN  QUALIFIED ALIEN LAWFULLY PRESENT IN THE U.S.

Refer to Page 4 "LISTS OF ACCEPTABLE DOCUMENTS"- Choose one document from List A **OR** one document from List B **and** one document from List C. Check below which documents you have attached. All documents must be unexpired.

<b>List A</b>			<b>OR</b>	<b>List B</b>						<b>List C</b>			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	

FD112815

**4 - APPLICANT IDENTIFICATION INFORMATION (CONTINUED)**

FIRST NAME		MIDDLE INITIAL	LAST NAME		JR. SR. etc
SOCIAL SECURITY NUMBER XXX XX XXXX - -		DATE OF BIRTH MM DD YYYY / /	DRIVER LICENSE NUMBER	STATE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
					HEIGHT FEET INCHES ____
					WEIGHT POUNDS ____

**5 - EDUCATION / PROFESSIONAL DEGREES, DIPLOMAS, AND CERTIFICATES** (attach supporting documentation when required)

HIGHEST LEVEL COMPLETED	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> GED	<input type="checkbox"/> TECHNICAL	COLLEGE DEGREE	<input type="checkbox"/> 2 YR	<input type="checkbox"/> 4 YR	<input type="checkbox"/> 4 YR +
YEAR GRADUATED	SCHOOL NAME	STATE	DEGREE / CERTIFICATE	CERTIFICATE / REGISTRATION NUMBER	STATE ISSUED		

**6 - EMPLOYMENT HISTORY** (attach supporting documentation)

FROM / TO	BUSINESS NAME - AREA CODE / PHONE NUMBER	DUTIES	SUPERVISOR

**7 - LEAD BASED PAINT TRAINING COURSE CERTIFICATE(S)** (attach supporting documentation)

DATE COMPLETED	NAME OF COURSE	TRAINING PROVIDER AND ADDRESS

**8 - ENVIRONMENTAL NON-COMPLIANCE ACTIONS** (use additional paper if needed)

HAVE YOU EVER RECEIVED A VIOLATION? IF YES, LIST VIOLATION(S)	STATE(S) OF OCCURRENCE

**9 - CERTIFICATION AND SIGNATURE**

I certify, under penalty of law, that: I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b); this document and all attachments were prepared by me or under my direction or supervision; and, all of the submitted information is, to the best of my knowledge and belief, true, accurate, and complete. I understand that the penalties for providing false information and making false or fraudulent statements or representations may include revocation of the permit, license or accreditation, civil penalties, and/or criminal prosecution resulting in a fine, imprisonment or both. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury. I affirm that the work practice standards according to Chapter Rule 1200-01-18 will be followed. I authorize the State of Tennessee to verify any information on or included with this application.



\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE (mm / dd/ yyyy)

\_\_\_\_\_

PRINTED NAME

- ALL APPLICANTS MUST SUBMIT:**
1. A COMPLETED AND SIGNED APPLICATION - IN INK
  2. VALID EMPLOYMENT STATUS AND IDENTIFICATION DOCUMENTS
  3. CURRENT COURSE COMPLETION CERTIFICATE(S)
  4. VALID DOCUMENTATION OF EDUCATION AND/OR WORK EXPERIENCE IF REQUIRED
  5. 2" x 2" PASSPORT-QUALITY COLOR PHOTOGRAPH
  6. APPROPRIATE FEES FOR EACH DISCIPLINE



State of Tennessee  
 Department of Environment and Conservation  
 Division of Solid Waste Management - Toxic Substances Program  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 14th Floor  
 Nashville, TN 37243

**INSTRUCTIONS AND CLARIFICATION "APPLICATION TO CONDUCT LEAD-BASED PAINT ACTIVITIES - INDIVIDUAL" - FORM CN-1297**

For complete and detailed lead-based paint requirements, refer to Chapter Rule 1200-01-18. A copy is available for public download at:

<http://www.state.tn.us/sos/rules/1200/1200-01/1200-01-18.pdf>

**REQUIRED FOR ALL APPLICANTS:**

- 1) Complete and submit the application. Complete **all** sections of the application - in ink;
- 2) Include legible copies of valid employment status and identification documents (Refer to "LISTS OF ACCEPTABLE DOCUMENTS");
- 3) Current lead-based paint training course completion certificate(s) in the applied for discipline(s);  
**First-time applicant:** An initial course completion certificate from a Commissioner accredited training program; **or** a refresher course certificate from a Commissioner accredited training program **and** a copy of a refresher course certificate(s) from a Commissioner recognized training program from the previous year. An individual shall pass the Commissioner's third party certification exam for all disciplines, except project designer and abatement worker, and receive certification from the Commissioner within six months after completing an initial lead-based paint training course. Otherwise, the individual must retake the appropriate initial training course from an accredited training program before reapplying for certification from the Commissioner.  
**Re-accreditation Applicant:** Refresher course completion certificate(s) from a Commissioner accredited training program in the applied for discipline(s);
- 4) Include valid documentation of education and or work experience (Refer below to "INDIVIDUAL DISCIPLINE REQUIREMENTS")
- 5) Include a 2" x 2" passport-quality color photo;
- 6) Appropriate fees for each discipline.

**ANNUAL REGISTRATION RENEWAL OF CERTIFICATION:**

- 1) Individuals shall apply for annual registration renewal of their certification at least sixty days prior to their annual registration expiration date, which is one year from the last day of the month of issuance;
- 2) The annual registration renewal fee for each discipline shall be included with the application;
- 3) Annual registration renewal is required for all certification(s) categories that have not paid their three year certification fee(s).

**INDIVIDUAL DISCIPLINE REQUIREMENTS:** (attach documentation to application)

LEAD BASED PAINT CERTIFICATIONS ARE VALID FOR THREE YEARS

- ▶ **INSPECTOR:** Successful completion of an accredited training course for inspectors; Pass the third party certification exam for inspectors. No additional experience and/or education requirements for this discipline. Fill in all education and work experience fields on the application.
- ▶ **RISK ASSESSOR:** Successful completion of an accredited training course for inspectors and risk assessors; Pass the third party certification exam for the inspectors and risk assessors **and** have a Bachelor's degree with one year of experience in a related field (e.g. lead, asbestos, or environmental remediation work or construction); **or** an associate degree and two years experience in a related field (e.g. lead, asbestos, or environmental remediation work or construction); **or** currently hold credentials as a registered architect, certified industrial hygienist, professional engineer, registered architect, and/or certification in a related engineering/health/environmental field (e.g. safety professional, environmental scientist); **or** a high school diploma (or equivalent), and three years experience in a related field (e.g. lead, asbestos, or environmental remediation work or construction). **Re-accreditation applicants** must provide a valid Risk Assessor **and** Inspector refresher course completion certificate from a Commissioner accredited training program.
- ▶ **SUPERVISORS:** Successful completion of an accredited training course for supervisors; Pass the third party certification exam for supervisors. Have one year of experience as a certified lead-based paint abatement worker; or two years of experience in a related field (e.g., lead, asbestos, or environmental remediation work) or building construction).
- ▶ **PROJECT DESIGNERS:** Successful completion of an accredited training course for supervisors and project designers; Pass the third party certification exam for supervisors. Have a Bachelor's degree in engineering, architecture or a related profession **and** one year of experience in building construction and design or a related field; **or** four years of experience in building construction and design or a related field. **Re-accreditation applicants** must provide a valid Project Designer **and** Supervisor refresher course completion certificate from a Commissioner accredited training program.
- ▶ **ABATEMENT WORKER:** Successful completion of an accredited training course for worker. No additional experience and/or education requirements for this discipline. Fill in all education and work experience fields on the application.

**IMPORTANT INFORMATION:**

- Application fees are non-refundable. Applicants will have 30 days from the date of initial receipt of the application to submit any missing information and/or required documentation to complete the application process. If the applicant fails to respond within 30 days the application will be cancelled.
- When an applicant receives their Tennessee lead-based paint credentials and identification card, the application process is complete pursuant to Rule 1200-01-18. Individuals may conduct lead based paint activities in Tennessee under the discipline(s) they have received accreditation for only when they receive their Tennessee lead-based paint credentials and identification card.
- Accredited individuals are required to have their Tennessee lead based paint accreditation card with them at the work site.
- Individuals should be aware that training requirements under OSHA regulations may differ.



State of Tennessee  
 Department of Environment and Conservation  
 Division of Solid Waste Management - Toxic Substances Program  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 14th Floor  
 Nashville, TN 37243

## EMPLOYMENT STATUS AND IDENTIFICATION DOCUMENTATION

### LISTS OF ACCEPTABLE DOCUMENTS

Choose one document from List A, **or** choose one document from List B **and** one document from List C. All documents must be unexpired. Photocopied document(s) must be clear and legible. Attach photocopied document(s) to the application and check appropriate boxes in section 3 of the application - Form CN-1297 (Rev. 12-15)

LIST A	<b>OR</b>	LIST B	<b>&lt; AND &gt;</b>	LIST C
<p><b>1.</b> U.S. PASSPORT OR U.S. PASSPORT CARD</p>		<p><b>1.</b> DRIVER'S LICENSE OR ID CARD ISSUED BY A STATE OR OUTLYING POSSESSION OF THE UNITED STATES PROVIDED IT CONTAINS A PHOTOGRAPH OR INFORMATION SUCH AS NAME, DATE OF BIRTH, GENDER, HEIGHT, EYE COLOR, AND ADDRESS</p>		<p><b>1.</b> SOCIAL SECURITY ACCOUNT NUMBER CARD, UNLESS THE CARD INCLUDES ONE OF THE FOLLOWING RESTRICTIONS:</p> <ul style="list-style-type: none"> <li>a. NOT VALID FOR EMPLOYMENT</li> <li>b. VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>c. VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul>
<p><b>2.</b> PERMANENT RESIDENT CARD OR ALIEN REGISTRATION RECEIPT CARD (FORM I-551)</p>		<p><b>2.</b> ID CARD ISSUED BY FEDERAL STATE OR LOCAL GOVERNMENT AGENCIES OR ENTITIES, PROVIDED IT CONTAINS A PHOTOGRAPH OR INFORMATION SUCH AS NAME, DATE OF BIRTH, GENDER, HEIGHT, EYE COLOR AND ADDRESS</p>		<p><b>2.</b> CERTIFICATION OF BIRTH ABROAD ISSUED BY THE DEPARTMENT OF STATE (FORM FS-545)</p>
<p><b>3.</b> FOREIGN PASSPORT THAT CONTAINS A TEMPORARY I-551 STAMP OR TEMPORARY I-551 PRINTED NOTATION ON A MACHINE READABLE IMMIGRANT VISA</p>		<p><b>3.</b> SCHOOL ID CARD WITH A PHOTOGRAPH</p>		<p><b>3.</b> CERTIFICATION OF REPORT OF BIRTH ISSUED BY THE DEPARTMENT OF STATE (FORM DS-1350)</p>
<p><b>4.</b> EMPLOYMENT AUTHORIZATION DOCUMENT THAT CONTAINS A PHOTOGRAPH (FORM I-766)</p>		<p><b>4.</b> VOTER'S REGISTRATION CARD</p>		<p><b>4.</b> ORIGINAL OR CERTIFIED COPY OF BIRTH CERTIFICATE ISSUED BY A STATE, COUNTY, MUNICIPAL AUTHORITY OR TERRITORY OF THE UNITED STATES BEARING AN OFFICIAL SEAL</p>
<p><b>5.</b> FOR A NONIMMIGRANT ALIEN AUTHORIZED TO WORK FOR A SPECIFIC EMPLOYER BECAUSE OF HIS OR HER STATUS</p> <ul style="list-style-type: none"> <li>a. A FOREIGN PASSPORT; AND</li> <li>b. FORM I-94 OR FORM I-94A THAT HAS THE FOLLOWING:               <ul style="list-style-type: none"> <li>(1) THE SAME NAME AS THE PASSPORT; AND</li> <li>(2) AN ENDORSEMENT OF THE ALIEN'S NONIMMIGRANT STATUS AS LONG AS THAT PERIOD OF ENDORSEMENT HAS NOT YET EXPIRED AND THE PROPOSED EMPLOYMENT IS NOT IN CONFLICT WITH ANY RESTRICTIONS OR LIMITATIONS IDENTIFIED ON THE FORM</li> </ul> </li> </ul>		<p><b>5.</b> U.S. MILITARY CARD OR DRAFT RECORD</p>		<p><b>5.</b> NATIVE AMERICAN TRIBAL DOCUMENT</p>
<p><b>6.</b> PASSPORT FROM THE FEDERATED STATES OF MICRONESIA (FSM) OR THE REPUBLIC OF THE MARSHALL ISLANDS (RMI) WITH FORM I-94 OR FORM I-94A INDICATING NONIMMIGRANT ADMISSION UNDER THE COMPACT OF FREE ASSOCIATION BETWEEN THE UNITED STATES AND THE FSM OR RMI.</p>		<p><b>6.</b> U.S. MILITARY DEPENDENT'S ID CARD</p>		<p><b>6.</b> U.S. CITIZEN CARD (FORM I-197)</p>
		<p><b>7.</b> U.S. COAST GUARD MERCHANT MARINER CARD</p>		<p><b>7.</b> IDENTIFICATION CARD FOR USE OF RESIDENT CITIZEN IN THE UNITED STATES (FORM I-179)</p>
		<p><b>8.</b> NATIVE AMERICAN TRIBAL DOCUMENT</p>		<p><b>8.</b> EMPLOYMENT AUTHORIZATION DOCUMENT ISSUED BY THE DEPARTMENT OF HOMELAND SECURITY</p>
		<p><b>FOR PERSONS UNDER 18 WHO ARE UNABLE TO PRESENT A DOCUMENT LISTED ABOVE</b></p>		
		<p><b>9.</b> DRIVER'S LICENSE ISSUED BY A CANADIAN GOVERNMENT AUTHORITY</p>		
		<p><b>10.</b> SCHOOL RECORD OR REPORT CARD</p>		
		<p><b>11.</b> CLINIC, DOCTOR, OR HOSPITAL RECORD</p>		
		<p><b>12.</b> DAY-CARE OR NURSERY SCHOOL RECORD</p>		
		<p><b>DO NOT RETURN THIS SHEET</b></p>		

FD120715