Lead Abatement Contractor Application

(Please complete all sections, incomplete applications will be returned)

**INITIAL** **RENEWAL, License No.\_\_\_\_\_\_\_\_\_\_\_\_ Application Fee: $300.00**

**PERFORMANCE CONTRACTOR:** conduct lead hazard reduction by means of abatement methods utilizing licensed lead abatement supervisors and lead abatement workers.

**CONSULTANT CONTRACTOR:** conduct abatement preparation including inspections and documentation and post-clearance testing activities utilizing a licensed lead inspector or risk assessor.

**Check this box if** your company is for hire and would like the company name and contact information provided below on all published lists available to the public.

**I. COMPANY NAME AND CONTACT INFORMATION**: *How you or your company name and address will appear on your official license and your address of record for all mailings*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name | | | | |
| Physical Address | | | | Suite/Apt. # |
| Mailing Address | | | | |
| City | | State | Zip Code | |
| Email | Website | | | |
| Phone | Fax | | | |

**II. COMPANY OWNER (CONTACT PERSON) OR IF AN LLC, NAME OF MANAGING PARTNER:** *(Attach a separate sheet if more space is needed)*

|  |  |  |
| --- | --- | --- |
| Name | | Title |
| Business Phone Number | Cell Phone Number | |
| Physical Address | | |
| Mailing Address | | |

|  |  |  |
| --- | --- | --- |
| Name | | Title |
| Business Phone Number | Cell Phone Number | |
| Physical Address | | |
| Mailing Address | | |

**III. LEAD LICENSING HISTORY: Yes No**

|  |  |  |
| --- | --- | --- |
| Have any company officers ever held a New Hampshire Lead license or  certificate for any discipline?  If “Yes”, please list:  **Date of last certification or licensure:**  **Certification or License Number:** |  |  |
| Is the business or officers of the company licensed, certified, or permitted in any states other than New Hampshire?  If “Yes” please list and attach a copy with this application:  License No. State  License No. State |  |  |

|  |  |  |
| --- | --- | --- |
| Are there any pending or completed state, federal, or local enforcement actions against the business or any officers of the company which resulted from lead hazard reduction activities, lead inspections, or risk assessments within the past 10 years?  If Yes please explain  *(This would include: notices of warnings, violations, administrative fines, administrative orders, consent decrees, notice of licensure or certification denial, suspension or revocation, or pending or completed civil or criminal actions.)* |  |  |

|  |
| --- |
| Please list all names, trade names, acronyms, and other identifiers used currently or in the past when performing lead hazard reduction activities, lead inspections, or risk assessments. |

**IV. EMPLOYEE INFORMATION: (***Include all individuals currently employed to perform lead abatement activities including subcontractors.)*

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | License Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**IV. STATEMENT OF COMPLIANCE**

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I understand I shall employ only individuals certified or licensed in accordance with He-P 1612, including lead-certified or licensed employees or lead-certified or licensed subcontractor personnel to conduct lead-based paint activities, and all employees and lead-certified subcontractors shall follow the work practice standards of He-P 1600. I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

Print Name

**V. NOTARIZATION**

**STATE OF**

**COUNTY OF**

On this day of in the year ,

(Applicant’s name)

personally appeared before me, who being duly sworn says that he is the person referred to in the foregoing application and that the statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this day of in the year .

Signature of Notary Public My Commission Expires:

**CHECKLIST OF REQUIRED DOCUMENTATION**

**All Applicants He-P 1612.05**

□ Provide a current, clear, color photograph of yourself (such as passport photograph) with your name clearly printed on the back.

□ Attach copies of training certificates and/or copies of current licenses or certificates from other states with this application.

□ Make check or money order payable to “Treasurer, State of NH” in the amount of the discipline you are applying. Applications will not be processed until all information is received.

**All applicants with the exception of workers**

□ Provide a copy of your written worker protection program that conforms to the following OSHA standards: the standard for Respiratory Protection, 29 CFR 1910.134, and the standard for Lead in Construction, 29 CFR 1926.62 if applicable.

□ Provide photocopies of official academic transcripts and/or diplomas issued by the relevant educational institution or a GED, as required by He-P 1612.02

**Lead Inspectors or Risk Assessors:**

□ Provide signed documentation from the supervising risk assessor(s) that all aspects of each inspection required by He-P 1612.02(e)(4) or (f)(4) have been completed.

**MAILING INSTRUCTIONS**

Send Completed Application to the Following Address:

ATTN: Lead Licensing

NH Department of Health and Human Services

Division of Public Health Services

Healthy Homes and Lead Poisoning Prevention Program

29 Hazen Drive

Concord, NH 03301

Telephone: 271-4719