



Application for Certification of Lead Contractors

Please complete all sections of the application by typing or printing the required information and attaching all necessary documentation as noted below:

- A letter attesting that the firm shall only employ individuals accredited by Safe State to conduct lead-based paint activities.
- A list of employees who have been accredited by Safe State to perform lead-based paint activities and their accreditation number and expiration date.
- Number of Employees in your Company _____

Initial Application
\$300.00

Renewal Application
\$240.00

Replacement Certificate
\$30.00

Make check payable to **The Lead Reduction Fund**

Current Certification Number (if renewal)	ALPb - _____
CompanyName: _____	
StreetAddress: _____	
City: _____	State: _____ Zip Code: _____
Mailing Address (if different) _____	

Contact Person: _____	Business Phone: (____) _____
Fax: (____) _____	Web Address: _____
E-mail Address: _____	

Type of Contractor (please indicate all that apply and submit a separate fee for each discipline)

Inspection
 Inspection / Risk Assessment
 Designer
 Abatement

List the last three inspections, risk assessments, designs, or abatement projects completed. Indicate name, location, contact person and telephone number, and the start and completion dates)

Project name, address, contact person and telephone	Start date	Completion date
	/ /	/ /
	/ /	/ /
	/ /	/ /

Any contractor (firm) that is certified or licensed in another state to perform lead-based paint activities may be granted certification, provided the appropriate fee had been paid, and each individual who will be involved in the lead reduction activities has been certified (accredited) by Safe State.

Complete the information below if your company is certified in another state.

State(s)	License or Certification Number	Date of Issuance
		/ /
		/ /
		/ /
		/ /

Has your company or any of its members been barred from practice in any state? Yes
No

If yes, give details _____

I hereby attest and affirm that the information included on or associated with this application is true and accurate to the best of my knowledge. Falsifying or knowingly omitting any material required as part of this application is grounds for application refusal and/ or licensed suspension or revocation.

I further certify that all lead-based paint identification and/ or remediation work will be performed in accordance with the Rules of the Alabama State Board of Health Chapter 420-3-27-.01 et al.

 Name and Official title of Applicant

 Signature of Applicant

 Date Signed

For Program Use Only					
Date received	Received by:	Check #	Receipt #	Permit Issue Date	Permit #
Comments: _____ _____ _____					

ALABAMA DEPARTMENT OF PUBLIC HEALTH

LICENSE/PERMIT APPLICANT'S DECLARATION
OF BUSINESS OWNERSHIP STRUCTURE

Applicant (Please print or type)

Name of establishment or facility (if different than above)

City

State

Zip Code

Applicant is a (check one):

Individual /Sole Proprietor Nonprofit corporation Municipality

Partnership Limited Liability Corporation County

Corporation State Joint City/County

Other: _____

***If your company is an Individual/Sole Proprietorship with NO employees please provide documentation of legal citizenship (Ex. Copy of Driver's License, Passport, ect.) with this application.*

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provided is true and correct to the best of my knowledge.

Printed Name

Signature

Date

Type of License/Permit: _____
County: _____
ADPH Employee: _____