



INTENT TO PERFORM LEAD INSPECTION AND /OR RISK ASSESSMENTS

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

Form may be faxed to this office at: (334) 206-5788.

Current Certification Number	ALPb -	_____
Company Name: _____		
City: _____	State: _____	Zip Code: _____
Contact Person: _____	Business Phone: (____) _____	
Inspector: _____	Accreditation Number: _____	
Inspector: _____	Accreditation Number: _____	
Inspector: _____	Accreditation Number: _____	
Inspector: _____	Accreditation Number: _____	

Scope of Work:							
<input type="checkbox"/>	Single Family Dwelling	<input type="checkbox"/>	Multifamily Dwelling	<input type="checkbox"/>	Child-Occupied Facility	<input type="checkbox"/>	Other _____
Purpose: Abatement		Renovation		EBL		Other: _____	

List: Client Name, Property Address Surveyed, Contact Person for Survey, Phone Number. Start Date of Survey and Completion Date.	Start date	Completion date
Client / Project name, address, contact person and telephone		
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	/ /	/ /

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

Created by Environmental
