



## Application for Certification of Lead Renovation Contractors

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

Safe State Renovator #: _____ Expiration Date: _____ Number of Employees in Company _____	<b>DISCIPLINES</b> <input type="checkbox"/> Renovation Contractor \$300.00	<b>Application</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
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**Make check payable to: The Lead Renovation Fund**

FEIN: \_\_\_\_\_ AL TAX ID: \_\_\_\_\_

Current ADPH Renovation Contractor Certification Number: **AL RRP -** \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Web Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List your Renovators who have been accredited by Safe State to perform lead renovation activities and their accreditation number and expiration date. (If more space is required please use separate sheet of paper and attach to this application.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the last three applicable lead renovation 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
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Description of Business: Painting Electrical Carpentry Plumbing Heating/Cooling Flooring Roofing  
 Window Company Environmental consulting \_\_\_\_\_

Any contractor (firm) that is certified or licensed in another state to perform renovation, repair and painting activities may be granted certification provided, the appropriate fee has been paid, and an individual who will be involved in the renovation, repair and painting activities has been 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, attach details on separate sheet of paper and attach to this application.

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 certify and attesting that the firm, when conducting lead renovation activities, shall employ only Renovators that are accredited by and registered with Safe State. I further certify that all Renovation, repair and painting, lead-based paint identification and/ or remediation work will be performed in accordance with the Rules of the Alabama State Board of Health Chapter 420-3-29-.01 et al.

\_\_\_\_\_  
 Print Name and Official title of Applicant

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 "Date

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: \_\_\_\_\_