



RI Department of Health

Application and Instructions for:

Master Lead Inspector

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application to:

Rhode Island Department of Health
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

Eligibility Requirements:	<p>(A) License by the Department as a Lead Inspector for at least sixty (60) consecutive months prior to submission of an application and subsequent to 1 January, 2000; and</p> <p>(B) Supervision of required apprenticeships for at least five (5) persons who have subsequently been licensed by the Department as a Lead Inspector. Supervision must have occurred during the sixty (60) month period prior to submission of an application for designation as Master Lead Inspector; and</p> <p>(C) Compliance with Department Regulations. This shall be interpreted as having no limitations, restrictions or modifications, including consent agreements, placed on the applicants Lead Inspector license during the sixty (60) month period prior to submission of an application for designation as Master Lead Inspector</p>
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

Please allow the office fifteen (15) business days to process your application.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
<https://healthri.mylicense.com/Verification>

**State of Rhode Island and Providence Plantations
Department of Health**

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____
Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III)

Date of Birth:

Date of Birth: - -
Month Day Year

Gender:

Male Female

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Business/Employment Information:

Please provide the employment information related to this license. Include Name of Business/Employer

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

SSN:

(Social Security Number)

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

SSN: - -

<p>Enforcement Actions in Other Jurisdictions:</p> <p>If yes, provide details. Please attach additional sheets if necessary.</p>	<p>1. Has any enforcement action been taken by the Department of Health, which resulted in a limitation, restriction or modification, including consent agreement been place on your Environmental Lead Inspector license?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p>Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date of Signature (MM/DD/YY)</p>