RI Department of Health 3 Capitol Hill, Room 206 Providence, RI 02908-5097 www.health.ri.gov



RI Department of Health

Application and Instructions for:

Lead Contractor

Business Name - Please Print

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

INSTRUCTIONS

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

Rhode Island Department of Health Office of Health Professionals Regulation Room 206 - 3 Capitol Hill Providence, RI 02908-5097

- 1. \$400.00 (four hundred dollar) application fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2. Attachments as listed below

Required Documentation			

- (A) Copy of certificate(s) of successful completion of an initial Lead Contractor/Supervisor training course which meets the requirements of 216-RICR-50-15-11.3.5by an owner/principal or employee of the contractor
- (B) Copy of successful completion of the state Lead Supervisor license examination required by 216-RICR-50-15-11.4.5(A) by that owner/principal or employee
- (C) Copy of valid registration as a "contractor" with RI Contractors Registration and Licensing Board 440-RICR-10-00-2
- (D) Copy of Respiratory Protection Program which meets the requirements of 29 CFR 1910.134
- (E) Copy of Medical Surveillance Program which meets the requirements of 29 CFR 1926.62(j)

The respiratory protection program & medical surveillance program must meet OSHA requirements.

Please make a photocopy of your entire completed application for your records before mailing to the center. The center is not responsible for providing you with a photocopy of your application.

Please allow the center fifteen (15) business days to process your application and mail your license.

Please call the Health Information Line 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

PLEASE NOTE: The Department can no longer handle applications on a "walk-in" basis. Please do not drop applications off at the Department.

2/2022

State of Rhode Island and Providence Plantations **Department of Health Contractor Name:** This is the legal entity in whose name the license should be issued and who is legally responsible. Trained Contractor/Supervisor Name Prefix First Name Last Name Suffix Title and Training Certificate and (Mr/Mrs/Dr.) **Training Provider Certificate** (Jr/III) **Number and Expiration Date:** Certificate Number Expiration Date **Contractor Mailing** Address Line 1 ____ Information: Address Line 2 Please provide the mailing information for all Address Line 3 communication regarding this license. Address City, State, Zip Code _Address Country ____ Fax: ____ Email Address:____ Ownership Type: Corporation Limited Liability Company Please check ONE Governmental Entity Sole Proprietorship This structure should be the Partnership Limited Partnership same that the applicant used to register with the RI Partner Contractors' Registration Board **Ownership Information:** Name and Title: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, DBA: _____ Corporation, Limited Liability Company or Governmental Entity. Address Line 1 _____ Ownership Address Information: Address Line 2 Please provide the address Address Line 3 ____ and telephone number(s) of the Sole Proprietorship, Address City, State, Zipcode ___ Partnership, Limited Partnership, Corporation, Phone: _____ Limited Liability Company or Governmental Entity. Email Address:

Enforcement Actions in Other Jurisdictions: If yes, to any of these questions please attach a description of all details including, as a minimum, copies of all enforcement correspondence, applicant's response and Administrative Orders issued.	1. Has any federal, state, or local jurisdiction ever revoked or proposed to revoke, suspended or proposed to suspend, a lead professional license or certification and/or other authorization to perform lead paint activities held by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controls/controlled the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals? Yes
	3. Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any lead paint activities performed by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controls/controlled the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals? Yes No
SSN/FEIN: (Social Security Number/Federal Employer Identification 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.
Affidavit of Applicant Read, sign, and date this affidavit. This Application Must be Signed by the Applicant	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. 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.
	Signature and Title Date of Signature (MM/DD/YY)