



RI Department of Health  
3 Capitol Hill, Room 206  
Providence, RI 02908-5097  
[www.health.ri.gov](http://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](http://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

<b>Required Documentation</b>	(A) Copy of certificate(s) of successful completion of an initial Lead Contractor/Supervisor training course which meets the requirements of 216-RICR-50-15-3.9(A) by an owner/principal or employee of the contractor  (B) Copy of successful completion of the state Lead Supervisor license examination required by 216-RICR-50-15-3.12.3(A)(1)(a)(2) by that owner/principal or employee  (C) Copy of valid registration as a "contractor" with RI Contractors Registration board required by 216-RICR-50-15-3(A)(1)(a)(3)  (D) Copy of Respiratory Protection Program which meets the requirements of 216-RICR-50-15-3(A)(1)(a)(4)  (E) Copy of Medical Surveillance Program which meets the requirements of 216-RICR-50-15-3(A)(1)(a)(5)
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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.**

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

<p><b>Contractor Name :</b></p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>										
<p><b>Trained Contractor/Supervisor Name and Training Certificate and Training Provider Certificate Number and Expiration Date:</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Prefix (Mr/Mrs/Dr.)</td> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 15%; border-bottom: 1px solid black;">Suffix (Jr/III)</td> <td style="width: 10%; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Certificate Number</td> <td colspan="3" style="border-bottom: 1px solid black;">Expiration Date</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)	Title	Certificate Number		Expiration Date		
Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)	Title							
Certificate Number		Expiration Date									
<p><b>Contractor Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>										
<p><b>Ownership Type :</b></p> <p>Please check ONE</p> <p>This structure should be the same that the applicant used to register with the RI Contractors' Registration Board</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner			
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<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership										
<input type="checkbox"/> Partner											
<p><b>Ownership Information:</b></p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name and Title: _____</p> <p>DBA: _____</p>										
<p><b>Ownership Address Information:</b></p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zipcode _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>										

<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p><b>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.</b></p>	<p>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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>2. Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties 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 control/controlled the applicant, or by a company in which the applicant's officers or principals were also officers and/or principals?</p> <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p>																			
<p><b>SSN/FEIN:</b></p> <p>(Social Security Number/Federal Employer Identification Number)</p>	<p>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.</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>																			
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p> <p><b><u>This Application Must be Signed by the Applicant</u></b></p>	<p><b>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.</b></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 style="text-align: center;">_____</p> <p><b>Signature and Title</b> <span style="float: right;"><b>Date of Signature (MM/DD/YY)</b></span></p>																			