

RI Department of Health

Application and Instructions for:

Lead Renovation Firm



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 Center for Healthy Homes and Environment Room 206 - 3 Capitol Hill Providence, RI 02908-5097

- 1. \$100.00 (one 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) indicating successful completion of a Lead Renovator training course which meets the requirements of 216-RICR-50-15-11.5(D) by an owner/principal or employee of the firm.
	(D) Copy of proof of identity prior to issuance of the initial license. Acceptable proof of identity includes a current State driver's license, valid State photo identification card, or current passport. 216-RICR-50-15-11.4.3(D)

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					
Firm Name: This is the legal entity in whose name the license should be issued and who is legally responsible.	Name:				
Trained Lead Renovator Name and Training Certificate	Prefix F (Mr/Mrs/Dr.) Training Provider: Certificate Number:		Last Name		
Firm Mailing Information: Please provide the mailing information for all communication regarding this license.	Address Line 2 Address Line 3 Address City, State, Zipo Address Country Phone: Fax:	Code			
Firm Location Information: Please provide the location information for all communication regarding this license.	Address Line 2 Address Line 3 Address City, State, Zipo Address Country Phone: Fax:	Code			
Ownership Type: Please check ONE This structure should be the same that the applicant used to register with the RI Contractors' Registration Board	☐ Corporation ☐ Governmental Entity ☐ Partnership ☐ Partner	/	Limited Liability Cor Sole Proprietorship Limited Partnership		
Ownership Information: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity					rm 2/2022

Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zipcode Phone: Fax: 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			
FEIN: (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)			