



# RI Department of Health

## Application and Instructions for:

Lead Supervisor

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

1. \$200.00 (two 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>	<p>(A) Copy of GED, high school diploma, or higher degree or proof of three (3) years work experience which meets the requirements of 216-RICR-50-15-3.12.4(A)(1)(a)(1)</p> <p>(B) Copy of certificate(s) indicating successful completion of an initial Lead Contractor/Supervisor training course approved in accordance with 216-RICR-50-15-3.9.9(A)</p> <p>(C) Proof of successful completion of the state Lead Contractor/Supervisor license examination required by 216-RICR-50-15-3.10.5(A)</p> <p>(D) Copy of blood test results documenting compliance with the medical monitoring requirements specified in 216-RICR-50-15-3.18.6(A)</p>
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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 notify you by mail when to appear to have your photograph taken and your ID badge printed.

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

<b>Name:</b>  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: _____ <div style="display: flex; justify-content: space-between; font-size: small; text-align: center;"> <span>Prefix (Mr/Mrs/Dr.)</span> <span>First Name</span> <span>Last Name</span> <span>Suffix (Jr/III)</span> </div>
<b>Date of Birth:</b>	Date of Birth: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: x-small; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Residence Information:</b>  It is your responsibility to keep the Department apprised of all address, phone number and email changes.  <b>(Not published on the HEALTH web site).</b>	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
<b>Business/Employment Information:</b>  Please provide the employment information related to <u>this</u> 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: _____
<b>SSN:</b>  <b>(Social Security Number)</b>	<b>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.</b>  SSN: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 80px; height: 20px;" type="text"/>
<b>Race/Ethnicity</b>  <b>(This information is voluntary and will not affect issuance of your license.)</b>	<b>Ethnicity</b> – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Race</b> - <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p>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.</p>	<ol style="list-style-type: none"> <li>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><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>_____</p> <p><b>Signature</b></p> <p>_____</p> <p><b>Date of Signature (MM/DD/YY)</b></p>