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 Inspector
by Reciprocity

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

- 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. $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 a Lead Inspector License issues by the EPA or another EPA-authorized state B. Proof of completion of an initial Lead Inspector training course, accredited by the EPA or the EPA authorized State who issued the licenses which meets or exceed requirements in 216-RICR-50-15-11.3. C. Statement of Field Experience which meets or exceeds 216-RICR-50-15-11.7.1(C)4 D. Proof of completion of an Eight (8) hour review Lead Inspector training course E. Successful completion of RI licensing exam F. Documentation of compliance with the Department's Licensing of Radioactive Material in accordance with 216-RICR- 40-27-7 G. Five (5) Lead hazard mitigation inspections, supervised by a department approved lead inspector. H. Satisfactory field audit and report review

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 to appear to have your photograph taken and ID badge printed.

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

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

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 ☐
Military Status Eligibility: Documentation required	Please check one of the following criteria for expedited application: ☐ I am in active military duty or a reservist. ☐ I am a military veteran with honorable discharge. ☐ I am the spouse of someone in active military due or the spouse of a reservist. ☐ I am the spouse of a military veteran with honorable discharge. If applying for expedited military status, you must include one of the following: Leave Earning Statement, Letter from Command, Copy of Orders, or DD-214 showing honorable discharge.
Residence Information: It is your responsibility to keep the Department apprised of all address phone number and email changes. **(Not published on the RIDOH web site**).	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZIP Code _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
Business/Employment Information: Please provide the employment information related to this license. Include Name of Business/Employer **(The business/employment address is considered public record and will be published on the website.)**	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZIP Code _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
SSN: **(Social Security Number)**	**Pursuant to Chapter 76 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: ☐☐☐ - ☐☐ - ☐☐☐☐

Race/Ethnicity **(This information is voluntary and will not affect issuance of your license.**	**Ethnicity** – Are you Hispanic or Latino? ☐ Yes ☐ No **Race** - ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
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 ☐ No 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? ☐ Yes ☐ No 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 _____ _____ _____
Affidavit of Applicant Read, sign, and date this affidavit.	**<u>This Application Must be Signed by the Applicant</u>** **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** _____ **Date of Signature (MM/DD/YY)** _____