



Rhode Island Department of Health Lead Hazard Mitigation

Presumptive Compliance Application

Instructions: Fill out this form to apply for a Certificate of Presumptive Compliance. Learn more about this certificate at www.lead1978.com.

Contact Information Please provide contact information for the property owner and any associated management companies or registered trade names.		
Property Owner Name (required):		
Phone (required):		
Email (required):		
Owner's Street Address:		
City:	State:	ZIP Code:
Additional Contact Person Name (if applicable):		
Contact Person Title:		
Contact Person Phone (required):		
Contact Person Email (required):		
Management Company:		
List All Property Owner Registered Trade Names (LLC, Inc, etc.):		



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Property Information

Please provide the following information for each property. If there are more than three property addresses, please provide the relevant information for each address on a separate page with this application.

Total # of Units at All Addresses:	5% of Units (total # x .05):	
Address 1:		
City:	ZIP Code:	Date Constructed:
Total # of Units at Property:		
Address 2 (if applicable):		
City:	ZIP Code:	Date Constructed:
Total # of Units at Property:		
Address 3 (if applicable):		
City:	ZIP Code:	Date Constructed:
Total # of Units at Property:		



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Certificate of Lead Conformance Information:

Please provide the address, unit number, and Certificate of Lead Conformance (CLC) number for each unit that was inspected.

Street Address:	Unit:	CLC#:
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Attestation

Per Lead Hazard Mitigation 42-128.1-4. Definitions (9)(iii), a property owner of ten or more pre-1978 rental dwelling units shall be eligible to obtain a Certificate of Presumptive Compliance provided that the following conditions are met. By checking each box, you hereby confirm that:

- The dwelling units were constructed after 1960 or after 1950 on federally-owned or -leased lands;
- There are no major, outstanding minimum-housing violations on the premises;
- The property owner has no history of repeated lead poisonings; and
- Independent clearance inspections have been conducted on at least 5% of the dwelling units, not less than 2 dwelling units, and at least 90% of the independent clearance inspections were passed.

In addition to this application, the following documents are required to be considered for Presumptive Compliance. By checking each box, you hereby confirm that these documents are enclosed.

- One (1) Certificate of Lead Conformance for each passed unit and
- Proof of corrections if previously cited for Minimum Housing Code Violations.

Note: Certificates of Presumptive Compliance are valid for two years.

I certify that the information provided above is accurate to the best of my knowledge.

Printed Name

Title

Signature

Date



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Submission Instructions

Applications and documentation can be submitted to the Rhode Island Department of Health by mail or email.

Please mail the required documents to:

Rhode Island Department of Health
Lead Hazard Mitigation Program
Three Capitol Hill, Room 205
Providence, RI 02908

Scan and Email Documents to:

DOH.LEADPROGRAM@HEALTH.RI.GOV
Subject: Presumptive Compliance Application