

4. Other Certifications, Licenses, and Enforcement History

- List other states in which the company is licensed for lead-related work. _____
 - Are you a licensed builder in the State of Michigan YES ___ NO ___ If "YES" provide license number _____
 - Is the company licensed by the State of Michigan in another trade (asbestos abatement, home renovation, etc.)? YES ___ NO ___
If yes, please list and enclose copies of each license.
- | Trade | Licensing agency | License no. | Expiration |
|-------|------------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- Within the last three years, have you been issued a license or certification by another state, Indian tribe or the U.S. Environmental Protection Agency (EPA)? YES ___ NO ___ If Yes, please enclose copies of registration/ license/ certification card or certificate.
 - Within the last three years, have you had a license or certification suspended, denied, modified, or revoked by any state, Indian tribe, or U.S. EPA? YES ___ NO ___ Explain on a separate sheet of paper if necessary.
 - If you, or your company, has received a violation or citation from a State or U.S. EPA has the fine been paid in full? YES ___ NO ___ NO Citations ___ Explain on a separate sheet of paper if necessary.

5. Certified Employees

Please list all employees who will be engaged in lead-based paint abatement activities. The employees must be certified as Lead Abatement Workers or Lead Abatement Supervisors by the Michigan Department of Health and Human Services, Healthy Homes Section to perform abatement activities. The use of non-certified individuals in lead-based paint abatement activities is a violation of section 5470 of the Michigan Lead Abatement Act and may result in citations and fines.

Full name	Soc. Sec. no.	Discipline	HHS certification no.	Expiration date
			P-	
			P-	
			P-	
			P-	
			P-	
			P-	
			P-	

6. Application Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application will result in immediate denial or revocation of MDHHS certification.

I also hereby agree that the company shall employ only appropriately certified employees to conduct any lead-based paint activities; and that the company and its employees will follow the work practice standards established by the Michigan Lead Abatement Act of 1998, and associated rules, and to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. Violation of any of these may result in denial, suspension, or revocation of MDHHS certification, and/or administrative citation and fines.

_____ signature of Owner or Authorized Representative

_____ Date

(Print name) _____ Title _____

Your company name and phone number will be added to the State of Michigan website for certification verification purposes.

Mail this application to:
(Make checks out to: State of Michigan)

Michigan Department of Health and Human Services (MDHHS)
Accounting Division
PO Box 30437
Lansing, MI 48909