



Lead Abatement Contractor Renewal Application

The Michigan Lead Abatement Act of 1998 requires that persons (firms) conducting lead-based paint (LBP) activities in the State of Michigan must first obtain certification from the Michigan Department of Health and Human Services (MDHHS), Healthy Homes Section (HHS). Certification requires employment of Michigan certified lead professionals for all lead-based paint activities, and that all LBP activities shall be conducted in accordance with work practice standards established by the department. Certification must be renewed annually, and the corresponding fee paid.

All reports or plans prepared by certified persons (firms) must be maintained for a minimum of three (3) years, and copies provided to the person who contracted their services. □

Please type or print in ink. Illegible applications will delay processing.

Contractor certification number: **C-**

1. Company Information

| | |
|---------------------------------------|---|
| Company name: _____ | |
| Parent Company (if applicable): _____ | |
| Mailing address: _____ | Records address (if different) _____ |
| City, State, Zip _____ | |
| Owner/chief officer _____ | Title: _____ |
| Telephone no.: (_____) _____ | FAX no.: (_____) _____ |
| Cell phone no.: (_____) _____ | Federal ID number: _____ |
| E-mail address: _____ | Date: _____ Month Day Year |

2. Insurance

| | |
|--|--|
| Does the company carry lead liability insurance? <i>Not required for certification</i> (Requirements for Insurance are made by the person or entity funding the project.) | YES ___ NO ___ (If "Yes", please enclose a copy of insurance policy) certificate) |
| Is the company considered a sole proprietor? | YES ___ NO ___ |
| <i>If no, then a copy of a current Michigan Workers' Compensation insurance policy or certificate of exclusion must be enclosed.</i> | |

3. Certification Fees Fees are non-refundable.

| | | |
|---|----------|--|
| Annual Renewal Fee | \$220.00 | Fees enclosed \$ _____ <i>(check or money order payable to 'State of Michigan')</i> |
| Renewal Late Fee Apply after January 1 st | \$25.00 | Amount received \$ _____ Received by _____ Date _____ |

Reverse side of this form must be completed

4. Other Certifications, Licenses

List other states in which the company is licensed for lead-related work. _____

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 |
|-------|------------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 (MDHHS), 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 # last 4 digits | Discipline | HHS certification no. | Expiration date |
|-----------|-----------------------------|------------|--------------------------|--------------------|
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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:

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

(Make checks or money orders payable to State of Michigan.)