



**THE COMMONWEALTH OF MASSACHUSETTS**  
**Division of Occupational Safety**  
 19 Staniford Street, 2<sup>nd</sup> Floor  
 Boston, MA 02114  
 Phone: 617-626-6960  
 Fax: 617-626-6965  
[www.mass.gov/dos](http://www.mass.gov/dos)

APPLICATION FOR LICENSURE AS A  
**Lead-Safe Renovation Contractor**  
 (In accordance with the provisions of  
 M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

**FOR DOS USE ONLY**

Initial Application License # \_\_\_\_\_  Renewal Application Issue Date \_\_\_\_\_  Duplicate Application Reviewer \_\_\_\_\_

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

**1. APPLICANT INFORMATION**

Business Name \_\_\_\_\_  
 Telephone Number (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Website Address: www. \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
 Business Location (Street) \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

**THE APPLICANT IS:** (Check applicable box)

Individual/Sole Proprietorship	Unincorporated Association
Corporation or Limited Liability Corporation (LLC)	Partnership, Limited Partnership (LP) or Limited Liability Partnership (LLP)
Other (Specify-i.e. Housing Authority, Town, School, etc.)	

**PLEASE PROVIDE REQUIRED INFORMATION AS LISTED BELOW:**

2. List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business. *Use additional paper if necessary and attach to application.*

Name/acronym under which applicant has done business	Address	Telephone Number

3. A list of the states in which the applicant holds a current license, certification, accreditation, or other approval for Deleading or Renovation Work. *Use additional paper if necessary and attach to application.*

State	Name/type of license, certification, accreditation or other approval

4. A list of the names and addresses of all Deleading or Renovation Firms or entities in which the Responsible Person(s) of the applicant has or has had a financial interest or management responsibility. *Use additional paper if necessary and attach to application.*

Name of entity	Address

5. With respect to the business named in this application, provide the following documentation:
- **Sole Proprietorships, Partnerships, LP, LLP** - A Business Certificate issued by the city or town in which the business is located.
  - **Unincorporated Association** - A Business Certificate issued by the city or town in which the company is located
  - **Corporation** - A copy of the Corporate Articles of Organization or Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Secretary of the Commonwealth of Massachusetts.
  - **LLC** - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Secretary of the Commonwealth of Massachusetts.

6. (a) Attach a list of employees in applicant's present workforce and a list of employees who have worked for the applicant for any period of time during the preceding 12 months, or, if the applicant has no employees, a notarized statement to that effect.

(b) If applicant has employees, provide evidence that Deleading or Renovation work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program. The Certificate of Insurance must include the assigned policy number, the WC code 5474 or other indication that Deleading or Renovation operations are covered under the policy, and list the Division of Occupational Safety with the proper address as the certificate holder.

7. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice. *Use additional paper if necessary and attach to application.*

Citation/notice	Issuing agency/ department	Final disposition

**8. WORKER PROTECTION INFORMATION**

A respiratory protection and worker health and safety program evidencing compliance with 29 CFR 1910.134 and OSHA medical monitoring requirements. If the applicant does not have a written program, model program templates for respirator and worker protection/medical monitoring programs can be downloaded from the DOS webpage at the links listed below:

Respirator Program:

[http://www.mass.gov/?pageID=elwdterminal&L=5&L0=Home&L1=Workers+and+Unions&L2=Licensing+and+Certification&L3=Lead+Program&L4=Lead+Documents&sid=Elwd&b=terminalcontent&f=dos\\_leaddocs\\_lead\\_model\\_written\\_respirator&csid=Elwd](http://www.mass.gov/?pageID=elwdterminal&L=5&L0=Home&L1=Workers+and+Unions&L2=Licensing+and+Certification&L3=Lead+Program&L4=Lead+Documents&sid=Elwd&b=terminalcontent&f=dos_leaddocs_lead_model_written_respirator&csid=Elwd)

Worker Protection/Medical Monitoring Program:

[http://www.mass.gov/?pageID=elwdterminal&L=5&L0=Home&L1=Workers+and+Unions&L2=Licensing+and+Certification&L3=Lead+Program&L4=Lead+Documents&sid=Elwd&b=terminalcontent&f=dos\\_leaddocs\\_lead\\_model\\_med\\_monitoring&csid=Elwd](http://www.mass.gov/?pageID=elwdterminal&L=5&L0=Home&L1=Workers+and+Unions&L2=Licensing+and+Certification&L3=Lead+Program&L4=Lead+Documents&sid=Elwd&b=terminalcontent&f=dos_leaddocs_lead_model_med_monitoring&csid=Elwd)

**9. RESPONSIBLE PERSON(S) AND TRAINING**

- (a) A list of the names, license numbers and addresses of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over Renovation Work of the applicant. *Use additional paper if necessary and attach to application.*

Name	Title/Position	Address

(b) Deleading or Renovation Supervisor training certificates or legible copies thereof, indicating that a Responsible Person or manager of the applicant listed pursuant to 454 CMR 22.04(1)(a)9 has successfully completed the applicable initial and/or refresher training requirements for:

- Deleader-Supervisor, taken on or after July 9, 2010, as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f);
- OR**
- Renovator-Supervisor as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f).

*Use additional paper if necessary and attach to application.*

NAME	COURSE TITLE	NAME, ADDRESS OF TRAINING PROVIDER	DATE OF COURSE COMPLETION

**10. A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of \$375.00.** If the Commissioner denies, revokes, suspends or refuses to renew the License for reasons specified in 454 CMR 22.15, the fee payment is not refundable.

**11. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_, \_\_\_\_\_, do  
PRINT NAME PRINT TITLE

hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 151A, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).

I further state that I have read and understand the Commonwealth of Massachusetts Deleading Regulations, as most recently amended, 454 CMR 22.00, that I will provide, and ensure the use of, personal protective equipment, personal protective clothes and industrial vacuum cleaners equipped with high efficiency (HEPA) filters in accordance with 454 CMR 22.11 and 22.12, as applicable.

I further state that all employees employed by me or the business named in paragraph one (1) above, as of the date of this application will be licensed or certified pursuant to the requirements of 454 CMR 22.04, as applicable; and that all supervisors, deleaders and renovation workers have received, or will receive, training pursuant to 454 CMR 22.08 on or before beginning deleading or renovation work; and that all supervisors, deleaders and renovation workers will meet all medical requirements, including those pertaining to blood lead monitoring, of 454 CMR 22.00.

I further state that the respiratory protection and worker health and safety programs described in section (8) above, are in compliance with 29 CFR 1910.134 and OSHA medical monitoring requirements.

I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DOS.

**Signed under the penalties of perjury.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Lead-Safe Renovation Contractor Licenses issued pursuant to 454 CMR 22.04(1) and (2) shall be valid for a period of five (5) years from the date of issuance. The Commissioner may renew a License issued pursuant to this section, provided the current license holder submits a renewal application at least 30, but not more than 60, calendar days before the expiration of the current license. Applications received later than 30 calendar days before the expiration of the current license will be processed in the normal course of business, which may result in the license being renewed after its expiration date.

**Please forward your completed application to:**

**Division of Occupational Safety  
 Licensing & Regulations Unit  
 19 Staniford Street, 2nd Floor  
 Boston, MA 02114**

(FOR OFFICIAL DOS USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
ART OF ORG/ANNUAL REPORT/GOOD STANDING/ BUSINESS CERTIFICATE/DBA		
WORKERS COMP or NOTARIZED STATEMENT		
COPIES OF ALL VIOLATIONS		
WORKER PROTECT/RESP PROGRAMS INCLUDED		
TRAINING CERTIFICATES		
<b>APPL. COMPLETE - OK TO ISSUE</b>		