

RI Department of Health

Application and Instructions for:

Lead-Safe Remodeler/Renovator

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.nealth.ni.gov
- Please mail your completed application, fee and the required documents to:

15.3

Rhode Island Department of Health Office of Health Professionals Regulation Room 104 - 3 Capitol Hill Providence, RI 02908-5097

- 1. \$40.00 (forty-dollar) license 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 certificate(s) indicating successful completion of an initial training course approved in accordance with Subsection 18.7(m) within the twelve (12) month period prior to submission of the application or (B) Possesses a current Lead Hazard Reduction Contractor Agent license issued pursuant to Section 15.3; or (C) Possesses a current Lead Hazard Reduction Site Supervisor license issued pursuant to Section 15.3; or

(D) Possesses a current Lead Hazard Reduction Worker license issued pursuant to Section

IMPORTANT NOTE

New regulations require all contractors, carpenters, painters, plumbers, electricians and other tradespersons that disturb paint in pre 1978 residential housing and child care facilities be licensed with the Rhode Island Department of Health as a Lead Hazard Control Firm or operate under the supervision of a licensed Lead Hazard Control Firm. If you do not operate under the supervision of a Lead Hazard Control Firm, you must be licensed as both a Remodeler/Renovator and a Lead Hazard Control Firm in order for you to work in Rhode Island if this regulation applies to you.

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 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

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 First Name Last Name Suffix (Mr/Mrs/Dr.) (Jr/III)	
Date/Place of Birth:	Date of Birth:	
	Month Day Year Place of Birth: ————————————————————————————————————	
Gender:	Male Female Female	
Residence Information:	Address Line 1	
It is your responsibility to keep the Department apprised of all address and phone number changes.	Address Line 2	
(Not published on the HEALTH web site).	Address Country	
	Phone:	
	Fax: —	
	Email Address:	
Business/Employment Information	Address Line 1 ———————————————————————————————————	
Please provide the employment information	Address Line 3	
related to this license. Include Name of	Address City. State. ZipCode ————————————————————————————————————	
Business/Employer	Address Country	
	Phone: ————————————————————————————————————	
	Fax:	
SSN: (Social Security Number)	Pursuant to Chapter 75 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	Ethnicity – Are you Hispanic or Latino?	
(This information is voluntary and will not affect issuance of your license.	Race - American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White	

Enforcement Actions in Other Jurisdictions:	been suspended or revoked by any of the suspended o	on to perform lead hazard reduction and/or lead hazard control work ever other jurisdiction? Yes No No Stion with any lead hazard reduction and/or lead hazard control work cal, county. State or Federal agency? If Yes. provide details. Yes No
Affidavit of Applicant Read, sign, and date this affidavit.	This Application Must be Signed by the Applicant 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)