



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.health.ri.gov
- Please mail your completed application, fee and the required documents to:

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	<p>(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</p> <p>(B) Possesses a current Lead Hazard Reduction Contractor Agent license issued pursuant to Section 15.3; or</p> <p>(C) Possesses a current Lead Hazard Reduction Site Supervisor license issued pursuant to Section 15.3; or</p> <p>(D) Possesses a current Lead Hazard Reduction Worker license issued pursuant to Section 15.3</p>
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****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 (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III)

Date/Place of Birth:

Date of Birth: - -
Month Day Year

Place of Birth: _____

Gender:

Male Female

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Business/Employment Information:

Please provide the employment information related to this license. Include Name of Business/Employer

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

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

(This information is voluntary and will not affect issuance of your license.)

Ethnicity – Are you Hispanic or Latino? Yes No
Race - American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

