

THE COMMONWEALTH OF MASSACHUSETTS

Division of Occupational Safety 19 Staniford Street, 2nd Floor Boston, MA 02114 Phone: 617-626-6960

Phone: 617-626-6960 Fax: 617-626-6965 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)

☐ Initial Application License #			FOR DOS USE ONLY ☐ Renewal Application Issue Date	☐ Duplicate Application Reviewer		
applica		ase note that incomplete app	typing the information, attaching all re lications, including missing attachments,			
Sectio	n I: API	PLICANT INFORMATION	ON			
Applic	ant or B	usiness Name				
Teleph	none Nui	mber ()	FAX	. ()		
			Website Address:			
City/Town State Zip						
)			
City/T	own		State	Zip		
			Security Number			
		— n): □ Individual □ Sole p		or LLP		
••		☐ Public entity (housi	ng authority, town, school, etc.)	-		
Section	n II. RE	•	ON & ATTACHMENTS Provide inf			
Secuo	11 11; KE	QUINED INFORMATION	JN & ATTACHIVENTS Provide inj	ormation below and attach the following:		
1.	A.		Proprietorships or Partnership: A cop wn Clerk's Office of the city or town			
	В.	form Certificate Organized in M Standing, issued Foreign Corpor and organized ur Certificate and a Ashburton Place., Be	A in existence for less than one (1) you for Legal Existence, issued by the Sec. A in existence for more than (1) year by the Secretary of the Commonweal ation (a corporation transacting busing ader laws of a different state), provide Certificate of Good Standing. *Secretary of the MA 02108-1512; Tel.: 1-800-392-6090, page 155.	of the Commonwealth's Office.* Ar, provide a Certificate of Good th's Office.* tess in the Commonwealth of MA a copy of the Foreign Corporation ary of the Commonwealth's Office: One the Www.sec.state.ma.us/cor/coridx.htm		
	C.	□ Not applicable. I am	an Individual, Public Entity or Other,	as noted in Section I above.		

N	JAME/ACRONYM	ADDRESS		TELEPHONE NUMBER
		1.051.035		12221101.21.0132.0
		th the applicant holds a curre ovation Work. <i>Use addition</i>		cation, accreditation or other approva
;	STATE	NAME/TYPE OF LICENSE, CERT	IFICATION, ACCRE	DITATION OR OTHER APPROVAL
	List the names and a Person(s) of the appl additional paper if n	icant has or has had a financi	Renovation Firm al interest or ma	s or entities in which the Responsible nagement responsibility. <i>Use</i>
	NAME OF ENTITY	ADDRES	S	
•	applicant for any per	n applicant's present workfo iod of time during the preced		employees who have worked for the
	A copy of applicant' self-insurance prograthe assigned policy recentificate Holder. List the names and ti	m, if the applicant has any e umber and effective dates and the of all Responsible Personal P	urance policy Ce mployee(s). The d show the Divis	rtificate of Insurance or evidence of Certificate of Insurance must include sion of Occupational Safety as of the applicant who have primary
	A copy of applicant' self-insurance prograthe assigned policy recentificate Holder. List the names and tiresponsibility for, an	s workers' compensation inst m, if the applicant has any e umber and effective dates an	urance policy Ce mployee(s). The id show the Divis ns and managers Vork of the appli	rtificate of Insurance or evidence of Certificate of Insurance must include sion of Occupational Safety as
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	A copy of applicant' self-insurance prograthe assigned policy of Certificate Holder. List the names and tiresponsibility for, an NAME List all occupational noncompliance, notice consent orders and coprior to the date of a	s workers' compensation instead me, if the applicant has any element and effective dates and the sof all Responsible Persond control over, Renovation V and health-related citations can be soft responsibility, notices our judgments, received by the soft me, in the soft responsibility is a soft responsibility.	urance policy Ce mployee(s). The d show the Divis as and managers Vork of the applic TITLE or notices of viola of intent to asses the Responsible I	rtificate of Insurance or evidence of Certificate of Insurance must include sion of Occupational Safety as of the applicant who have primary cant. Use additional paper if necessary
	A copy of applicant' self-insurance prograthe assigned policy of Certificate Holder. List the names and tiresponsibility for, an NAME List all occupational noncompliance, notice consent orders and coprior to the date of a	and health-related citations of the soft responsibility, notices our judgments, received by toplication, and the issuing ag	urance policy Ce mployee(s). The d show the Divis as and managers Vork of the applic TITLE or notices of violation of intent to assess the Responsible I ency or department	rtificate of Insurance or evidence of Certificate of Insurance must include sion of Occupational Safety as of the applicant who have primary cant. Use additional paper if necessar ation, including notices of s an administrative penalty, orders, Persons of the applicant in the two years.
	A copy of applicant' self-insurance prograthe assigned policy of Certificate Holder. List the names and tiresponsibility for, an NAME List all occupational noncompliance, notice consent orders and consent orders and consent orders. Use additional notice. Use additional consent orders.	and health-related citations of these of responsibility, notices our judgments, received by topplication, and the issuing agonal paper if necessary.	urance policy Ce mployee(s). The d show the Divis as and managers Vork of the applic TITLE or notices of violation of intent to assess the Responsible I ency or department	rtificate of Insurance or evidence of Certificate of Insurance must include sion of Occupational Safety as of the applicant who have primary cant. Use additional paper if necessar ation, including notices of s an administrative penalty, orders, Persons of the applicant in the two years and final disposition of such citati

- 9. Attach legible copies of Deleading or Renovation Supervisor training certificates 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).
- 10. If applicant has employees, a respiratory protection <u>and</u> 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: www.mass.gov/dos. Click on "Lead Program" link, then on "Lead Documents" link. See "Model Written Respirator" and "Model Written Medical Monitoring and Worker Protection Program" links.
- 11. 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 application fee payment is not refundable.

Section III:	PAYMENT OF TAX OBLIGATION	NS & STATEMENT OF COMPLIANCE
I,		, do
, <u> </u>	PRINT NAME	PRINT TITLE
		laws of the Commonwealth of Massachusetts relating to:
49A(a)); unemp	ployment insurance contributions (M.G.	shholding and remitting of child support (M.G.L. c. 62C, § L. c. 151A, § 19A(a)); unemployment health insurance employer contributions (M.G.L. c. 149, § 188(d)).
of this applicati supervisors, del on or before be	on will be licensed pursuant to the requiences and renovation workers have reginning deleading or renovation work;	the business named in paragraph one (1) hereto as of the date differents of Section 454 CMR 22.04; and that all ceived or will receive training pursuant to 454 CMR 22.08 and that all supervisors, deleaders and renovation workers retaining to blood lead monitoring, of 454 CMR 22.00.
contained herei		ormity with 454 CMR 22.00 and that all information hereto, is true and correct to the best of my knowledge and
SIGNATURE _		DATE

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 in person 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 and required attachments to: Massachusetts Division of Occupational Safety, Licensing & Regulations Unit, 19 Staniford Street, 2nd Floor, Boston, MA 02114

-----FOR OFFICIAL DOS USE ONLY------

Attachment	Approved by	Date	Attachment	Approved by	Date
Business Cert or Corp. Certs.			Respiratory Protection		
List of employees or not. statement			Medical Monitoring		
WC Certificate of Insurance			Application fee		
Training Certificates			Application OK To ISSUE		