



THE COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Safety
 19 Staniford Street, 2nd Floor
 Boston, MA 02114
 Phone: 617-626-6960
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www.mass.gov/dos

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

FOR DOS USE ONLY

Initial Application Duplicate Application
 License # _____ Issue Date _____ Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation and signing the application. Please note that incomplete applications, including missing attachments, will significantly delay the processing of your application.

Section I: APPLICANT INFORMATION

Applicant or Business Name _____

Telephone Number (_____) _____ FAX (_____) _____

E-mail address: _____ Website Address: _____

Applicant or Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Federal Identification Number **OR** Social Security Number _____

Applicant is a(n): Individual Sole proprietorship Partnership, LP, or LLP Corporation or LLC

Public entity (housing authority, town, school, etc.) Other _____

Section II: REQUIRED INFORMATION & ATTACHMENTS *Provide information below and attach the following:*

1. (a) As allowed by 454 CMR 22.03(3)(a) for persons, firms, corporations or other entities who carry out Renovation Work at their own property using their own regular employees or Responsible Persons, a formal request by a department manager or company official for a Lead-Safe Renovation Contractor License Waiver, which includes an affirmation that the License Waiver will be used solely for Renovation Work which conforms to the limitations set by 454 CMR 22.03(3)(a) and that the requirements set forth at 454 CMR 22.11(3) and (4) will be met on all Renovation Projects;

OR

- (b) As allowed by 454 CMR 22.03(3)(b), a legible copy of the certification as a Certified Firm issued by the EPA prior to July 9, 2010, pursuant to 40 CFR 745.89.
2. List the names and titles 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.*

NAME	TITLE

3. 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:
- o 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**
 - o Renovator-Supervisor as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f).

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____, do
PRINT NAME PRINT TITLE

hereby state that that I have read and understand the Commonwealth of Massachusetts Deleading Regulations 454 CMR 22.00, as most recently amended; and that while performing renovation work the requirements of 454 CMR 22.11(3) and (4) will be met; and the work is otherwise conducted in accordance with the applicable requirements of 454 CMR 22.00.

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 _____

This Contractor Licensing Waiver is issued pursuant to 454 CMR 22.04(3) shall be valid for a period of five (5) years from the date of issuance, except that a Contractor Licensing Waiver issued pursuant to 454 CMR 22.03(3)(b) shall expire on the expiration date of the corresponding Certified Firm certificate issued by the EPA; or on the date that such Certified Firm certificate is suspended or revoked by the EPA; or on the date that such Contractor Licensing Waiver is suspended or revoked by DOS, whichever is earlier. A Contractor Licensing Waiver issued pursuant to 454 CMR 22.03(3)(b) is not renewable.

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

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Attachment	Approved by	Date
EPA cert. or waiver request letter		
Training certificates		
Application OK To ISSUE		