



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                       Renewal 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)  If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk’s Office of the city or town where the applicant is located.
- (B)  If applicant is a Corporation or LLC:
  - o **Organized in MA in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Sec. of the Commonwealth’s Office.\*
  - o **Organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth’s Office.\*
  - o **Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of Good Standing. \*Secretary of the Commonwealth’s Office: One Ashburton Place., Boston, MA 02108-1512; Tel.: 1-800-392-6090; [www.sec.state.ma.us/cor/coridx.htm](http://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.

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.*

NAME/ACRONYM	ADDRESS	TELEPHONE NUMBER

3. List all states in which the applicant holds a current license, certification, accreditation or other approval for Deleading or Renovation Work. *Use additional paper if necessary.*

STATE	NAME/TYPE OF LICENSE, CERTIFICATION, ACCREDITATION OR OTHER APPROVAL

4. List 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.*

NAME OF ENTITY	ADDRESS

5. **IF APPLICANT HAS EMPLOYEES**, attach (A) and (B) listed below to this completed application:

- (A) 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.
- (B) 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: [www.mass.gov/dos](http://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.
- (C) **IF APPLICANT HAS NO EMPLOYEES**, do not attach (A) or (B) above. Instead, attach a **NOTARIZED STATEMENT** which clearly states, “(Applicant or Business name) has no employees.” Applicant must sign and date the statement and statement must be notarized. Note that if the business acquires an employee(s) at a future date, it must have a respiratory protection and worker health and safety protection program as noted in 5B above.

6. A copy of applicant’s workers’ compensation insurance policy Certificate of Insurance or evidence of self-insurance program, if the applicant has any employee(s). The Certificate of Insurance must include the assigned policy number and effective dates and show the Division of Occupational Safety as Certificate Holder.

7. 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

8. List all occupational 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

