

THE COMMONWEALTH OF MASSACHUSETTS Division of Occupational Safety 19 Staniford Street, 2nd Floor Boston, MA 02114 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)

	FOR DOS USE ONLY	
□ Initial Application License #	□ Renewal Application _Issue Date	Duplicate Application 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

App	licant or H	Business Name		
Tele	phone Nu	umber ()	FAX ()	
E-m	ail addres	s:	Website Address:	
App	licant or H	Business Location (Street)		
City	/Town		State	Zip
Mail	ling Addro	ess (if different from above)		
City	/Town		State	Zip
Fede	eral Identi	fication Number OR Social Security Numl	ber	
App	licant is a	(n): Individual Sole proprietorship	□ Partnership, LP, or LLP	□ Corporation or LLC
		□ Public entity (housing authority, to	wn, school, etc.) \Box Oth	ner
Sect	ion II: R	EQUIRED INFORMATION & ATTAC	HMENTS Provide information b	elow and attach the following:
1.	(A)	☐ If applicant is a Sole Proprietorships filed in the City or Town Clerk's Off		
	(B)	 If applicant is a Corporation or LLC: Organized in MA in existence form Certificate of Legal Existe Organized in MA in existence Standing, issued by the Secretar Foreign Corporation (a corpor and organized under laws of a d Certificate and a Certificate of C 	for less than one (1) year, prov nce, issued by the Sec. of the Co for more than (1) year, provid y of the Commonwealth's Offic ation transacting business in the ifferent state), provide a copy of	e a Certificate of Good e.* Commonwealth of MA f the Foreign Corporation

(C) D Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.

Ashburton Place., Boston, MA 02108-1512; Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm

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 ADD	DRESS	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 <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: <u>www.mass.gov/dos</u>. 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

prior to the date of application, and the issuing agency or department and final disposition of such citation or notice. Use additional paper if necessary.

CITATION/NOTICE	ISSUING AGENCY/DEPARTMENT	FINAL DISPOSITION

- 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 0 454 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). 0
- 10. 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 OBLIGATIONS & STATEMENT OF COMPLIANCE**

PRINT NAME PRINT TITLE hereby certify, that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 151A, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).

I further state that all employees employed by me or the business named in paragraph one (1) hereto as of the date of this application will be licensed pursuant to the requirements of Section 454 CMR 22.04; and that all supervisors, deleaders and renovation workers have received or will receive training pursuant to 454 CMR 22.08 on or before beginning deleading or renovation work; and that all supervisors, deleaders and renovation workers will meet all medical requirements, including those pertaining to blood lead monitoring, 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. Signed under the penalties of perjury.

SIGNATURE DATE

I.

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 Application OK To ISSUE Training Certificates

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