

APPLICATION FOR LEAD CERTIFICATION OF A FIRM

****PLEASE TYPE OR PRINT IN INK****

NAME OF FIRM _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____
(if different from above)

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX NUMBER _____

IF RENEWAL, LIST CERTIFICATION NUMBER: _____

OATH:

I hereby attest that, in accordance with 10A NCAC 41C .0803, Certification of Firms, this firm shall use only certified individuals to perform lead-based paint activities. I attest that this firm will perform lead-based paint activities in accordance with 10A NCAC 41C .0801 - .0809, and all applicable local, State, and Federal requirements, including all applicable record-keeping requirements. I attest that a full disclosure of any action by EPA or any EPA-authorized program involving violations, suspensions, revocations, or modifications of a firm's activities are attached.

FIRM REPRESENTATIVE'S ORIGINAL SIGNATURE

ENCLOSE \$50 FEE.

PRINTED NAME

CHECK

MONEY
ORDER

TITLE

DATE

****DO NOT WRITE BELOW THIS LINE -FOR DEPARTMENT USE ONLY****

CERTIFICATION NUMBER _____ EXPIRATION

DATE _____

CHECK/M.O. NUMBER _____ AMOUNT PAID _____

APPROVING SIGNATURE _____ DATE

INSTRUCTIONS

FOR COMPLETION OF APPLICATION FOR LEAD CERTIFICATION OF A FIRM

PURPOSE

An Application for Lead Certification of a Firm shall be submitted in order to receive a North Carolina certificate of approval for a firm conducting lead-based paint activities per 10A NCAC 41C .0800, Lead-Based Paint Hazard Management Program Rules.

PREPARATION

All information is to be filled out completely, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter the firm's full name, street address, city, state and zip code as it should appear on the certificate of approval. Please add the mailing address if it is different than the street address.

Enter the firm's telephone and fax numbers complete with area code.

Indicate certification number if applying for renewal certification.

The firm's representative should read the OATH carefully. If a firm does not use certified individuals to perform lead-based paint activities or does not conduct lead-based paint activities in accordance with all applicable local, State, and Federal regulations, the Program may revoke the firm's certification. If any misinformation is found to exist in the application, the firm's certification may be subject to revocation. **A full disclosure of any action by EPA or any EPA-authorized program involving violations, suspensions, revocations, or modifications of a firm's activities must be attached.**

The application shall be signed and dated by the firm's representative. Applications without signatures will not be reviewed.

Please refer to 10A NCAC 41C .0803 for additional information regarding the certification of firms.

REQUIRED SUPPORTING DOCUMENTATION

Enclose a check or money order for \$50.00. Make check or money order payable to: NC DHHS - HEALTH HAZARDS CONTROL UNIT. PLEASE DO NOT SEND CASH.

Completed Application Form with Supporting Documentation should be mailed to:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, North Carolina 27699-1912**

For Overnight/Express Mail:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
5505 Six Forks Rd, 2nd Floor, Room D-1
Raleigh, North Carolina 27609**

