CERTIFIED LEAD PAINT ABATEMENT CONTRACTORS LICENSE
REQUEST TO CHANGE OR ADD A SUPERVISOR OR WORKER

NAME AND LICENSE NUMBER

Print name of licensee  LBPA license number

LEAD PAINT ABATEMENT ADD OR REMOVE

A licensee must have at least one Supervisor

Add Remove Owner Employee

(Put full legal name of Supervisor or Worker)

Supervisor  LBP Activities Individual License Number 915 __ __ __ __

Worker  LBP Activities Individual License Number 915 __ __ __ __

Add Remove Owner Employee

(Put full legal name of Supervisor or Worker)

Supervisor  LBP Activities Individual License Number 915 __ __ __ __

Worker  LBP Activities Individual License Number 915 __ __ __ __

Add Remove Owner Employee

(Put full legal name of Supervisor or Worker)

Supervisor  LBP Activities Individual License Number 915 __ __ __ __

Worker  LBP Activities Individual License Number 915 __ __ __ __

SIGNATURES

I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515, and the rules adopted pursuant thereto. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.

_____________________________________________  ______________________
Signature of Sole Proprietor, Partner, Corporate Officer or Member  Date

_____________________________________________  ______________________
Signature of Lead Supervisor  Date