



Oregon Health Authority  
 Lead-Based Paint Program  
 PO Box 14260  
 Portland, OR 97293

## Application for Certification/Recertification – Firm Lead-Based Paint Activities

**Program use only**

Cert. # \_\_\_\_\_

Please type or print clearly

**Type of Certification: Firm To Conduct Lead-Based Paint Activities**  
 Non-refundable three-year certification application fee: \$255 payable to the Oregon Health Authority

**Business or Firm Name:** \_\_\_\_\_  
(Legal, active name registered with the Oregon Secretary of State - Corporation Division, unless otherwise exempted from their regulations. Examples include legal names registered as sole proprietor, general partnership, LLC, business corporation, non-profit corporation, etc.)

**Firm Mailing Address:** \_\_\_\_\_  
Street or PO Box City State Zip

**Physical Location:** \_\_\_\_\_  
(If different from above) Street Address City State Zip

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Certified Individual(s)** (if applicable): \_\_\_\_\_ **Firm CCB License #:** \_\_\_\_\_  
Full Legal Name

**Contact Information (Officer, Owner, or Authorized Agent):**  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

My firm provides the following services:  Inspections  Partial Inspections  Lead Hazard Screening  
 Clearance Testing  Risk Assessments  Abatement

My firm provides services for:  Internal only  Residential  Commercial  Both residential and commercial

Check this box if you want your firm listed on our Web site as a lead-based paint activities firm.

**Application Checklist**  
 Application completed and signed.  
 Non-refundable application fee of \$255 payable to the Oregon Health Authority.

**Letter of Compliance**

*I attest that I am an officer, legal owner or authorized agent of the above listed firm and that the firm will employ only appropriately certified employees to conduct lead-based paint activities, and that the firm and its employees will follow the work practice standards set forth in OAR 333-069 for conducting lead-based paint activities.*

*I certify that I have read and shall comply with ORS 431A.355, 431A.358, 431A.363 and the provisions therein, and that the information and documentation given in this application is complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_