

ND CODE: 50207 52362 2	231	Healt				
Program Code #: RRPFC Order ID # Pay with Credit Card	Application for Renovation, Repair and Paintin Certification of a Lead-Based Paint Renovation Oregon Health Authority (OHA) Lead-Based Paint Program Send via this <u>secure email form</u> Enter "leadprogram@odhsoha.oregon.gov" on the form	0				
Or FAX the application materials to 971-673-0457 Type of Certification: Firm to Conduct Renovation Activities						
THIS FORM IS FOR LICENS	PE OF CERTIFICATION. FIT IN TO CONDUCT REHOVATION ACTIVITE ED PROPERTY MGMT. COMPANIES, UNITS OF GOVT., AND PERSON PROPERTY. OTHERS: <u>APPLY WITH THE CONSTRUCTION CONTRAC</u>	S/ORGANIZATIONS				
<ul><li>Initial Application</li><li>Application Fee: \$250.00</li></ul>	Re-Cert. ApplicationApplication Amendm(Pay online via the link in the upper, left box.)Certificate expires 5 y					
	th the Oregon Secretary of State-Corporation Division, unless exempt from their r prietor, general partnership, LLC, business corporation, non-profit corporation, et					
Contact Person:						

Contact Person:					
Mailing Address:					
	Street or PO Box	City	State	Zip Code	
Physical Location:	Street Address				
(If different from above)	Street Address	City	State	Zip Code	
Telephone:	Fax:				
Email Address:	Web site:				
Certified Renovator Name:Training Certificate Number					
Accredited Training Provider:Training			ining Date:		
<b>NOTE:</b> Attach a list of additional Certified Renovators and their training certificates.					
Property Management License No. :					
<ul> <li>Other Information and Requirements for this Application</li> <li>I. Applicant certifies that the firm will: (1) employ a Certified Renovator to conduct renovation activities; (2) follow the standards for conducting renovation activities as prescribed in OAR 333-070; and (3) maintain all records pursuant to the aforementioned rules.</li> <li>II. Non-Refundable \$250 Application Fee (pay online via the link in upper, left box of this form).</li> <li>III. Digital copy of current renovation training certificate for each Certified Renovator.</li> </ul>					
I certify that I have read and shall comply with ORS 431A.350, ORS 431A.358, ORS 431A.363, OAR 333-070, and that the information and documentation given in this application is complete and accurate to the best of my knowledge.					
Signature:	Date Signed:				
<b>NOTE</b> : Any changes to information entered into this application must be reported to OHA within 30 days.					