



ADD &/OR REMOVE A SUPERVISOR OR WORKER FROM YOUR CERTIFIED LEAD PAINT ABATEMENT CONTRACTORS LICENSE

NAME AND LICENSE NUMBER

Full Legal Name of Licensee

LBPA License Number

ADD A LEAD PAINT ABATEMENT SUPERVISOR/WORKER

A licensee must have at least one Supervisor

Full Legal Name of Supervisor or Worker

Owner

Employee

Supervisor: LBPA License Number 915-_____

Worker: LBPA License Number 915-_____

(Attach separate sheet for additional names)

REMOVE A LEAD PAINT ABATEMENT SUPERVISOR/WORKER

Full Legal Name of Supervisor or Worker

Owner

Employee

Supervisor: LBPA License Number 915-_____

Worker: LBPA License Number 915-_____

(Attach separate sheet for additional names)

SIGNATURES

By signing below, 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 (Sole Proprietor, Partner, Corporate Officer or Member) – **Required**

Phone Number

Signature (Lead Supervisor) – **Required**

Date – **Required**