



## 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

\_\_\_\_\_  
 (Print 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

\_\_\_\_\_  
 (Print 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

\_\_\_\_\_  
 (Print 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