LEAD PAINT INSPECTION CONTRACTORS LICENSE
REQUEST TO CHANGE INSPECTOR/RISK ASSESSOR

NAME AND LICENSE NUMBER

<table>
<thead>
<tr>
<th>Print name of licensee</th>
<th>LBPI license number</th>
</tr>
</thead>
</table>

LEAD PAINT INSPECTION ADD OR REMOVE

**A licensee must have at least one Inspector or Risk Assessor**

<table>
<thead>
<tr>
<th>Add</th>
<th>Remove</th>
<th>Owner</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</tr>
</tbody>
</table>

(Print full legal name of Inspector or Risk Assessor)

**Inspector** ☐  
*LBP Activities Individual License Number 915 ___ ___ ___*

**Risk Assessor** ☐  
*LBP Activities Individual License Number 915 ___ ___ ___*

**Add**  
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**Inspector** ☐  
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**Risk Assessor** ☐  
*LBP Activities Individual License Number 915 ___ ___ ___*

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(Print full legal name of Inspector or Risk Assessor)

**Inspector** ☐  
*LBP Activities Individual License Number 915 ___ ___ ___*

**Risk Assessor** ☐  
*LBP Activities Individual License Number 915 ___ ___ ___*

(Attach separate sheet for additional names)

SIGNATURE

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 ___________________________ (_______) ______________ Phone number

Signature of Inspector or Risk Assessor ___________________________ Date ___________________________