FUND CODE: 50207 52362 2150

Oregon Health Authority

Application for Lead-Based Paint Activities Firm

Oregon Health Authority
Lead-Based Paint Program
Send via this secure email form
Enter "lead.program@dhsoha.state.or.us" into the form.
Or FAX the application to 971-673-0457

Program Code #: LBPAF
Order ID # _____
Pay with Credit Card

Authority Use Only

Cert. #

Type of Certification: Firm to Conduct Lead-Based Paint Activities

Non-refundable three-year certification application fee: $255 payable via the link in the upper, left box.

□ **Initial Application** □ **Recertification Application**

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 □ Clearance Testing □ Lead Hazard Screening □ 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 via the link in the upper, left box of this form.

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: _____