



Oregon Health Authority
 Lead-Based Paint Program
 PO Box 14260
 Portland, OR 97293

Application for Certification/Recertification – Firm Lead-Based Paint Activities

Program use only

Cert. # _____

Please type or print clearly

Type of Certification: Firm To Conduct Lead-Based Paint Activities
 Non-refundable three-year certification application fee: \$255 payable to the Oregon Health Authority

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 Partial Inspections Lead Hazard Screening
 Clearance Testing 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 to the Oregon Health Authority.

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: _____