FUND CODE: 50207 52362 2150



## Application for Lead-Based Paint Activities Firm Oregon Health Authority

## **Lead-Based Paint Program**

Pay with Credit Card

Order ID#

Program Code #: LBPAF

Send via this secure email form

Enter "leadprogram@odhsoha.oregon.gov" into the form Or FAX the application to 971-673-0457

**Authority Use Only** 

Cert. #

Non-refundable three-y	on: Firm to Conduct year certification application Recertification Application	on fee: \$255 payable via th		r, left box.
Business or Firm Nar (Legal, active name register regulations. Examples inclusions of the corporation, etc.)	ne: red with the Oregon Secretary of a legal names registered as sole	State - Corporation Division, unl proprietor, general partnership,	ess otherwise exempte LLC, business corpor	d from their ation, non-profit
Firm Mailing Addres	Street or PO Box			
	Street or PO Box	City	State	Zip
Physical Location:	Street Address			
(If different from above)	Street Address	City	State	Zip
Certified Individual(s	ertified Individual(s) (if applicable): Full Legal Name Firm CCB License #:			
	(Officer, Owner, or Auth			
Name:		Title:		
Contact Phone:	Emai	il:		
Contact Phone:       Email:         My firm provides the following services:       □ Inspections       □ Clearance Testing				
		ard Screening □ Risk Ass		
My firm provides service	es for:   Internal only   R	lesidential   Commercial	□ Both residentia	al and commercial
□ Check this box if you l	Oo Not want your firm listed	on our Website as a lead-bas	sed paint activities	firm.
<b>Application Checklist</b>				
□ Application completed	d and signed.			
□ Non-refundable applic	eation fee of \$255 payable via	the link in the upper, left bo	ox of this form.	
Letter of Compliance				
employ only appropria	ficer, legal owner or author tely certified employees to the work practice standard.	conduct lead-based paint	activities, and the	it the firm and its
	d and shall comply with O on and documentation giver			
Signature:		Date Signed:		
Print Name:		Title:		