

**Application for Renovation, Repair and Painting  
Certification of a Lead-Based Paint Renovation Firm**

**Oregon Health Authority (OHA)**

**Lead-Based Paint Program**

**PO Box 14260**

**Portland, OR 97293**

**[www.healthoregon.org/lead](http://www.healthoregon.org/lead)**

Program Code #: RRPFC  
Order ID # \_\_\_\_\_  
[Pay with Credit Card](#)

**Program use only**

Cert. # \_\_\_\_\_

**Type of Certification: Firm to Conduct Renovation Activities**

**THIS FORM IS FOR LICENSED PROPERTY MGMT. COMPANIES, UNITS OF GOVT., AND PERSONS/ORGANIZATIONS RENOVATING THEIR OWN PROPERTY. OTHERS: [APPLY WITH THE CONSTRUCTION CONTRACTORS BOARD\\*](#)**

Initial Application                       Re-Cert. Application                       Application Amendment  
 **Application Fee:** \$250.00 check to OHA *or*  Paid online (link above)                      **Certificate will expire 5 years after issuance.**

**Firm Name:** \_\_\_\_\_  
(Legal, active name registered with the Oregon Secretary of State-Corporation Division, unless exempt from their regulations. Examples include legal names registered as sole proprietor, general partnership, LLC, business corporation, non-profit corporation, etc.)

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street or PO Box                      City                      State                      Zip Code

**Physical Location:** \_\_\_\_\_  
(If different from above)                      Street Address                      City                      State                      Zip Code

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Web site:** \_\_\_\_\_

**Certified Renovator Name:** \_\_\_\_\_ **Training Certificate Number** \_\_\_\_\_

**Accredited Training Provider:** \_\_\_\_\_ **Training Date:** \_\_\_\_\_

**NOTE:** Attach a list of additional Certified Renovators and their training certificates.

**Property Management License No. :** \_\_\_\_\_

**Other Information and Required Items to be Included with Application**

- I. Applicant certifies that the firm will: (1) employ a Certified Renovator to conduct renovation activities; (2) follow the standards for conducting renovation activities as prescribed in OAR 333-070; and (3) maintain all records pursuant to the aforementioned rules.
- II. Non-Refundable Application Fee: A \$250.00 check payable to OHA; or credit card payment above.
- III. Copy of current renovation training certificate for each Certified Renovator.

**I certify that I have read and shall comply with ORS 431A.350, ORS 431A.358, ORS 431A.363, OAR 333-070, and that the information and documentation given in this application is complete and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**NOTE:** Any changes to information entered into this application must be reported to OHA within 30 days.

*\*[Apply for a Lead-Based Paint Renovation license from the Construction Contractors Board \(CCB\).](#)*