

Application for Renovation, Repair and Painting Certification of a Renovation Firm

**Oregon Health Authority (OHA)
Lead-Based Paint Program
PO Box 14260
Portland, OR 97293
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

*** IF YOU ARE A CONTRACTOR, OBTAIN A CCB LEAD-BASED PAINT RENOVATION CONTRACTOR LICENSE INSTEAD ***

Initial Application Initial Application Amendment
Re-Certification Application Re-Certification Application Amendment

Application Fee: \$250.00 payable to OHA. Certificate will expire five years after issuance date.

Lost Certificate Firms seeking certificate replacement must submit an application and a payment of \$15.

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.)

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: _____ **Certificate Number** _____

Accredited Training Provider: _____ **Training Date:** _____

NOTE: Additional Certified Renovators should be listed on an additional sheet of paper and attached to the application. Please include name, certificate number, name of accredited training provider and training date for each Certified Renovator.

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: Check in the amount of \$250.00 payable to OHA.
- 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 the information listed in this application must be reported to OHA within 30 days.