THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

CONTRACTOR APPLICATION ATTACHMENT CHECKLIST

Please answer all questions on the application to the best of your ability. Do not leave any blanks. If the question is not applicable write N/A. Information can be obtained on our website at www.mass.gov/dols.

Please use this check off sheet to ensure that you have included all your attachments with your contractor application.

If you have employees:

Did you remember to submit:

__ **Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate**

__ **Training Certificate**

__ **Workers' Compensation insurance policy Certificate of Insurance with the proper code in the description box (5474 Lead) and list the Department of Labor Standards, 19 Staniford Street, 2nd Floor, Boston, MA 02114, as the certificate holder.**

__ **Affirmation of Compliance with Medical Monitoring Requirements form** (see last page of application)

__ **Certified Check or Money Order**

__ **Copies of Violations (if any)**

If you do NOT have employees:

Did you remember to submit:

__ **Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate**

__ **Training Certificate**

__ **A notarized statement stating you/your business has no employees, or in lieu of a notarized statement, said statement may be witnessed by an employee of the Department.**

__ **Certified Check or Money Order**

__ **Copies of Violations (if any)**

Please mail your completed application, application fee and the required documents to:
Department of Labor Standards, 19 Staniford Street, 2nd Floor, Boston, MA 02114

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

19 STANIFORD STREET ▪ 2ND FLOOR ▪ BOSTON, MA 02114
PHONE: 617-626-6960 ▪ FAX: 617-626-6965
WWW.MASS.GOV/DOLS

DELEADING CONTRACTOR APPLICATION

(In accordance with the provisions of M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

Initial Application
Renewal Application
Duplicate Application

License # _____
Date _____
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation and signing the application. Please note that incomplete applications, including missing attachments, will significantly delay application processing.

Section I: APPLICANT INFORMATION

Applicant or Business Name _____

Telephone Number (_____)_____FAX _____

E-mail address:_____Website Address:_____

Applicant or Business Location (Street)_____

City/Town _____State _____ Zip_____

Mailing Address (if different from above) _____

City/Town _____State _____ Zip_____

Federal Identification Number **OR** Social Security Number_____

Applicant is a(n): ☐ Individual ☐ Sole proprietorship ☐ Partnership, LP, or LLP ☐ Corporation or LLC

☐ Public entity (housing authority, town, school, etc.) ☐ Other _____

Section II: REQUIRED INFORMATION & ATTACHMENTS *Provide information below and attach the following:*

1. (A) ☐ If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the applicant is located.

(B) ☐ If applicant is a Corporation or LLC:

- **Organized in MA in existence for less than one (1) year,** provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.*
- **Organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
- **Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of Good Standing issued by the Secretary of the Commonwealth's Office.*

**Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512; Tel: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm. Do not send the Certificate of Good Standing issued by the Massachusetts Department of Revenue.*

(C) ☐ Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.

2. List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business. *Use additional paper if necessary.*

NAME/ACRONYM	ADDRESS	TELEPHONE NUMBER

3. List all states in which the applicant holds a current license, certification, accreditation or other approval for Deleading or Renovation Work. *Use additional paper if necessary.*

STATE	NAME/TYPE OF LICENSE, CERTIFICATION, ACCREDITATION OR OTHER APPROVAL

4. List the names and addresses of all Deleading or Renovation Firms or entities in which the Responsible Person(s) of the applicant has or has had a financial interest or management responsibility. *Use additional paper if necessary.*

NAME OF ENTITY	ADDRESS

5. Does the applicant have employee(s)?

☐ **Yes** •**IF APPLICANT HAS EMPLOYEES**, attach (A), (B) and (C) listed below to this completed application:

(A) A list of employees in applicant's present workforce and a list of employees who have worked for the applicant for any period of time during the preceding 12 months.

(B) Completed Affirmation of Compliance with Medical Monitoring Requirements form to affirm that the business is in compliance with the requirements prescribed by the Worker Protection and Medical Monitoring Requirements under 454 CMR 22.09, and relevant OSHA Standards, 29 CFR 1926.62.

If you would like to download a model Medical Monitoring Program, please visit our Lead Program webpage at www.mass.gov/dols.

(C) A copy of applicant's workers' compensation insurance policy Certificate of Insurance or evidence of self-insurance program, if the applicant has any employee(s). The Certificate of Insurance must include the assigned policy number, the WC code 5474 or other indication that Deleading or Renovation operations are covered under the policy and effective dates and show the Department of Labor Standards, 19 Staniford, St., 2nd Fl., Boston, MA 02114 as the certificate holder.

☐ **No** •**IF APPLICANT HAS NO EMPLOYEES**, attach (D) ONLY

(D) Attach a **Notarized Statement** which clearly states, "(Applicant or Business name) has no employees engaged in deleading," or in lieu of a **Notarized Statement**, said statement may be witnessed by an employee of the Department.

6. List all occupational and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice. *Use additional paper if necessary.*

CITATION/NOTICE	ISSUING AGENCY/DEPARTMENT	FINAL DISPOSITION

7. RESPONSIBLE PERSON(S) AND TRAINING

(a) A list of the names, license numbers and addresses of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over Deleading Work of the applicant. *Use additional paper if necessary and attach to application.*

Name	License number	Address

8. Attach legible copies of Deleading Supervisor training certificates indicating that a Responsible Person or manager of the applicant listed pursuant to 454 CMR 22.04(1)(a)9, has successfully completed the applicable initial and/or refresher training requirements for:
   - Deleader-Supervisor as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f)

9. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of $575.00.** If the Director denies, revokes, suspends or refuses to renew the License for reasons specified in 454 CMR 22.15, the application fee payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I,_____, _____, hereby certify that my
(PRINT NAME) (PRINT TITLE)
business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.

I further state that I have read and understand the Commonwealth of Massachusetts Deleading Regulations, as most recently amended, 454 CMR 22.00, that I will provide, and ensure the use of, personal protective equipment, personal protective clothes and industrial vacuum cleaners equipped with high efficiency (HEPA) filters in accordance with 454 CMR 22.12.

I further state that all employees employed by me or the business named in paragraph one (1) above, as of the date of this application will be licensed pursuant to the requirements of 454 CMR 22.04; and that all supervisors, deleaders and renovation workers have received or will receive training pursuant to 454 CMR 22.08 on or before beginning deleading or renovation work; and that all supervisors, deleaders and renovation workers will meet all medical requirements, including those pertaining to blood lead monitoring, of 454 CMR 22.00.

I further state that the respiratory protection and worker health and safety programs described in section (5) above, are in compliance with 29 CFR 1910.134 and OSHA medical monitoring requirements.

I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DLS. **Signed under the penalties of perjury.**

SIGNATURE_____ DATE_____

Deleading Contractor Licenses issued pursuant to 454 CMR 22.04(1) and (2) shall be valid for a period of one (1) year from the date of issuance. The Director may renew a License issued pursuant to this section, provided the current license holder submits a renewal application at least 30, but not more than 60, calendar days before the expiration of the current license. Applications received later than 30 calendar days before the expiration of the current license will be processed in the normal course of business, which may result in the license being renewed after its expiration date.

----------FOR OFFICIAL DLS USE ONLY----------

Attachment	Approved by	Date	Attachment	Approved by	Date
Business Cert or Corp. Certs.			Affirmation of Comp Form		
List of employees or not. statement			Application fee		
WC Certificate of Insurance			Application OK To ISSUE		
Training Certificates					

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

AFFIRMATION OF COMPLIANCE WITH MEDICAL MONITORING REQUIREMENTS

Applicant or Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby affirm that as a Deleading Contractor and/or Lead-safe Renovation Contractor, I am / my business is in compliance with the medical monitoring requirements prescribed by the Department of Labor Standards ("DLS") Deleading and Lead-Safe Renovation Regulations, 454 CMR 22.00 ("Lead Regulations"), and relevant OSHA Regulations, 29 CFR 1926.62.

My medical monitoring plan includes at least all of the following:

- A Respiratory Protection Program is implemented, in accordance with 29 CFR 1910.124(b) through (d).
- Personal protective clothing and equipment is provided to employees.
- Proper respirator is provided to employees.
- Proper respirator fit testing is performed prior to initial use and at least annually thereafter.
- Records are maintained of the results of all personal exposure monitoring, respirator fit testing, medical examinations and blood lead testing conducted for employees.
- A medical surveillance program is instituted for employees (including blood level/ZPP monitoring; providing physicians with requirements; medical exams).
- A copy of the required sections of the Department's regulations is provided to the physician conducting the medical examination or consultation under 454 CMR 22.09.
- All medical examinations and procedures are performed by or under the supervision of a licensed physician. All the requirements of a medical examination, as required by 454 CMR 22.09(4)(e), are met.
- Blood lead levels of the applicant or employee and the Reporting Physician's Statement are provided to the applicant or employee within two working days after receipt.
- Deleader-supervisors and Deleader-workers receive blood lead and zpp monitoring every two months during the first six months following licensure or certification and at least quarterly thereafter.
- No person whose blood lead level is above 50 ug/dl to be permitted to engage in Deleading or Renovation Work until two consecutive blood sampling tests indicate that the blood lead level is at or below 40 ug/dl of whole blood.
- Blood lead samples collected in accordance with the Lead Regulations shall be analyzed by laboratories approved by OSHA-CDC for blood lead analysis.

_____ _____ _____
Signature Title Date

Please contact the Department of Labor Standards at 617-626-6960 or visit www.mass.gov/dols, should you have questions about these requirements.