



**LEAD-SAFE RENOVATION CONTRACTOR LICENSING WAIVER**  
 (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 the processing of your application.

**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 \_\_\_\_\_

1. (a) As allowed by 454 CMR 22.03(3)(a) for persons, firms, corporations or other entities who carry out Renovation Work at their own property using their own regular employees or Responsible Persons, a formal request by a department manager or company official for a Lead-Safe Renovation Contractor License Waiver, which includes an affirmation that the License Waiver will be used solely for Renovation Work which conforms to the limitations set by 454 CMR 22.03(3)(a) and that the requirements set forth at 454 CMR 22.11(3) and (4) will be met on all Renovation Projects; **OR**

(b) As allowed by 454 CMR 22.03(3)(b), a legible copy of the certification as a Certified Firm issued by the EPA prior to July 9, 2010, pursuant to 40 CFR 745.89.

2. List the names and titles of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over, Renovation Work of the applicant. *Use additional paper if necessary.*

NAME	TITLE

3. Attach legible copies of Lead-safe Renovator-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:
- o Deleader-Supervisor, taken on or after July 9, 2010, as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f), AND Lead-safe Renovator-supervisor refresher training taken on or after July 4, 2014, as specified in 454 CMR 22.08(4)(f), **OR**
  - o Lead-safe Renovator-supervisor, as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f).

**4. MODERATE RISK DELEADING WORK-**

For Lead-safe Renovation Contractor Licensing Waivers that want to perform Moderate Risk Deleading work, please attach legible copies of the training certificates listed below indicating that an employee of the applicant has successfully completed the applicable initial and/or refresher training requirements for:

- o Deleader-Supervisor, taken on or after July 9, 2010, as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f), Lead-safe Renovator-supervisor refresher training taken on or after July 4, 2014, as specified in 454 CMR 22.08(4)(f), AND Moderate Risk Deleading Option training requirements listed at 454 CMR 22.08(4)(e), **OR**
- o Lead-safe Renovator-supervisor, as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f), and the additional requirements for conducting Moderate Risk Deleading Projects listed at 454 CMR 22.08(4)(e).

**Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_, \_\_\_\_\_  
 (PRINT NAME) (PRINT TITLE)

hereby certify that my 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 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 \_\_\_\_\_

This Contractor Licensing Waiver issued pursuant to 454 CMR 22.04(3) shall be valid for a period of five (5) years from the date of issuance, except that a Contractor Licensing Waiver issued pursuant to 454 CMR 22.03(3)(b) shall expire on the expiration date of the corresponding Certified Firm certificate issued by the EPA; or on the date that such Certified Firm certificate is suspended or revoked by the EPA; or on the date that such Contractor Licensing Waiver is suspended or revoked by DLS, whichever is earlier. A Contractor Licensing Waiver issued per 454 CMR 22.03(3)(b) is not renewable.

**Please forward your completed application and required attachments to: Massachusetts Department of Labor Standards, Licensing Unit, 19 Staniford Street, 2nd Floor, Boston, MA 02114**

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

Attachment	Approved by	Date
EPA cert. or waiver request letter		
Training certificates		
Application OK To ISSUE		