



Lead-Safe Renovation Contractor, Homeowner, and Municipal Licensing Waiver

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

- | | |
|--|-----------------------|
| <input type="checkbox"/> Initial Application | License number: _____ |
| <input type="checkbox"/> Renewal Application | Date: _____ |
| <input type="checkbox"/> Duplicate Application | 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: _____

Phone Number: _____ Fax Number: _____

Email address: _____ Website Address: _____

Applicant or Business Location (Street): _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City/Town: _____ State: _____ Zip Code: _____

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 and Attachments *Provide information below and attach the following:*

1. (a) As allowed by 454 CMR 22.03(3) 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) and that the requirements set forth at 454 CMR 22.11(3) and (4) will be met on all Renovation Projects; **or**
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 and Statement of Compliance

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: lead&asbestosenforcement@mass.gov

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

Attachment	Approved by	Date
EPA certificate or waiver request letter		
Training certificates		
Application OK To Issue		