



LEAD TRAINING PROVIDER 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 Issue

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 _____

Email 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 _____

Section II: REQUIRED INFORMATION AND 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:
 - o **Organized in Massachusetts 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.*
 - o **Organized in Massachusetts in existence for more than (1) year**, provide a *Certificate of Good Standing*, issued by the Secretary of the Commonwealth's Office.*
 - o **Foreign Corporation** (a corporation transacting business in the Commonwealth of Massachusetts 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; Phone.: 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. Training course(s) set forth in 454 CMR 22.00 which you intend to offer:

Deleader Worker Initial		Deleader Supervisor Initial		Lead-Safe Renovator-Supervisor Initial	
Deleader Worker Refresher		Deleader Supervisor Refresher		Lead-Safe Renovator-Supervisor Refresher	
Deleader Worker Spanish Initial		Deleader Worker Spanish Refresher		Lead-Safe Renovator - Moderate Risk Deleading Option	

3. List all names under which applicant conducts or intends to conduct training:

4. A course outline showing topics covered and the amount of time given to each topic.
5. A copy of the course manual, including all printed material to be distributed in the course.
6. A description of teaching methods to be employed, including a description of audio-visual aids to be used.
7. A description of the hands-on facility to be utilized, including protocols for instruction, the number of students to be accommodated, and the number of instructors.
8. A description of the equipment that will be used in classroom lectures and in hands-on training.
9. A list of names and qualifications of the persons who will provide the training in each course, including verifiable documentation of their education, training and experience.
10. An example of the written examination to be given in each course for which approval is sought.
11. When applying for approval to offer a course in a language other than English, a signed statement from a qualified, independent translator that the course was compared to the English language version and found to be accurate.
12. A list of tuition or other fees required.
13. A copy of the certification given to course participants upon completion of the course.
14. A list of student to instructor ratios to be maintained in hands-on and classroom training sessions.
15. A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide lead training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
16. A certificate of insurance or a letter of binder from an insurance carrier indicating that the lead training activity to be performed by the applicant is covered by a current workers' compensation policy or self-insurance program acceptable to the Commonwealth or a notarized statement that the training provider has no employees.
17. Copies of all notices of violation or other citations issued against the applicant or business by any government agency concerning lead related work you performed in the two (2) years prior to the date of application. Copies must clearly indicate the issuing agency or department, the date of issue, and nature of the notice or citation. Attach a brief statement outlining the final disposition of each notice or citation.
18. **An online payment made at mass.gov/dls-online-payment in the amount of the entire annual fee of \$1,775.00 for initial or renewal license, or \$45.00 for a duplicate license.**

In accordance with 801 CMR 4.02, the \$1,775 fee is waived for Lead Training Providers seeking approval to offer only Lead-Safe Renovator-Supervisor training courses (initial or refresher) who are a **State, federally recognized Indian Tribe, local government, or non-profit organization; a \$75 surcharge still applies.**

If the Director denies, revokes, suspends or refuses to renew a 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
PRINT NAME PRINT TITLE

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 I have read and understand the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00, as most recently amended and that the applicant will comply with the requirements in accordance with Section 22.07.

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 _____

Training Provider Licenses shall be valid for a period of one year from the date of issuance. The Director may renew a Training Provider License, 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. Said renewal application shall include: (a) A completed application form. (b) Written confirmation or disclosure of any changes in the information originally submitted pursuant to 454 CMR 22.07(1)(a) thru (k). (c) A money order or certified bank check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee of \$1,775.00. If the Director denies the license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

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

FOR OFFICIAL USE ONLY

	Items Approved By:		Date:	
Fee Received				
Workers Compensation				
Art Of Org/Annual Report				
Copies Of All Violations				
Services Approved	Deleading Contractor/Supervisor Initial		Deleading Contractor/Supervisor Refresher	
	Deleader-Worker Initial		Deleader-Worker Refresher	
	Spanish Deleader-Worker Initial		Spanish Deleader-Worker Refresher	
	Lead-Safe Renovator-Supervisor Initial		Lead-Safe Renovator-Supervisor Refresher	
	Lead-Safe Renovator-Supervisor – Moderate Risk Deleading Option			
Appl. Complete - Ok To Issue				