GENERAL

- You must mail a completed Lead Abatement Project Re-Notification form twenty-four (24) hours prior to any changes from the original project notification (19 CSR 30-70.630(6), 19 CSR 30-70.640(3)).
- Mail to: Missouri Department of Health and Senior Services, Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570

 Please type or print legibly. 		
PART A. PROJECT INFORMATION		
Project address (street, city, state, zip code)		
Lead abatement project contractor (name, address)	Telen	hone number
Lead abatement project contractor (name, address)	Тетер	none number
PART B. PROJECT CHANGES (Please	list all changes to the original p	roject notification in the
space below, i.e. new start date; new completion date; new working hours, different supervisor		
or worker, etc.)	p. ag	
Type of changes being made (check all that apply and specify details below)		
		-
☐ Changing start or end dates	Project placed on temporary hold until: (date/ further notice)	
☐ Starting/leaving early or late	Project placed on hold pending clearance	
│ Not working today only (date)	☐ Project complete-final clearance achieved (date completed)	
	☐ Other changes	
Specific details of changes (i.e.: Changing end date from 2/28/10 to 3/5/10; Will be leaving job at 2:30pm today (3/5/10)):		
Note: The following statement must be	e signed by the project's lead ab	atement supervisor(s).
I hereby certify that all of the information provided in this re-notification is complete and true to the		
,		
best of my knowledge.		
Signature of lead abatement supervisor		Date
 ➡		
Signature of lead abatement supervisor (if more than one)		Date