



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
CHANGE OF ADDRESS NOTIFICATION

GENERAL

- Please type or print legibly.
- Complete change of address for either Contractor or Personal License information.
19 CSR 30-70.120(2)
- Mail **completed notification** to: Missouri Department of Health and Senior Services, Attn: Lead Licensing, P.O. Box 570, Jefferson City, MO 65102-0570.
 Or you may fax it to 573-526-0441 or email to Lead@health.mo.gov

CONTRACTOR LICENSE INFORMATION

BUSINESS NAME AS IT APPEARS ON LEAD ABATEMENT CONTRACTOR LICENSE

LEAD-BEARING SUBSTANCE ACTIVITIES CONDUCTED (select all that apply):

- LEAD ABATEMENT PROJECTS LEAD INSPECTIONS PROJECT DESIGNS RISK ASSESSMENTS

NEW ADDRESS (STREET)	EMAIL ADDRESS		TELEPHONE NUMBER (____) ____ - _____
CITY	STATE	ZIP CODE	COUNTY

PERSONAL LICENSE INFORMATION

FULL NAME AS IT APPEARS ON YOUR LEAD OCCUPATION LICENSE

LICENSES HELD: <input type="checkbox"/> WORKER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> INSPECTOR <input type="checkbox"/> RISK ASSESSOR <input type="checkbox"/> PROJECT DESIGNER			SOCIAL SECURITY NUMBER ____ - ____ - _____
NEW ADDRESS (STREET)	EMAIL ADDRESS		TELEPHONE NUMBER (____) ____ - _____
CITY	STATE	ZIP CODE	COUNTY
PRESENT EMPLOYER			EMPLOYER TELEPHONE (____) ____ - _____
EMPLOYER ADDRESS (STREET)			EMAIL ADDRESS
CITY	STATE	ZIP CODE	COUNTY

Please mail all correspondence regarding this application to my: (check one)

- Home Address Present Employer Other (FOR UNION USE ONLY)

SIGNATURE

SIGNATURE ➔	DATE
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