



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM

LEAD ABATEMENT CONTRACTOR APPLICATION (NEW or RENEWAL)

GENERAL

NEW Application

RENEWAL Application (Currently Licensed)

A person or entity applying for a license to conduct lead-bearing substance activities in Missouri must provide all of the information requested on this application.

A **completed application** includes:

1. Completed *Lead Abatement Contractor Application* form
2. A check or money order made payable to the Missouri Department of Health and Senior Services for a **nonrefundable** fee of \$250, and
3. Proof of General Liability Insurance
4. If the company is organized as a corporation, a copy of the corporation's registration with, and (if applicable) a copy of the company's fictitious name registration with, the Missouri Secretary of State's office.

• **Please type or print legibly.**

• **Mail completed application with payment to:** Missouri Department of Health and Senior Services,
Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.

Expiration Date-

Fee Paid-

License No.-

Internally Reviewed By:

Date Stamp

(For program use only)

BUSINESS INFORMATION

BUSINESS NAME		STATE OR FEDERAL AGENCY?		
		YES NO		
FICTITIOUS NAME OR DBA		TELEPHONE () _____ - _____		
BUSINESS OWNER(S)		FAX () _____ - _____		
DESIGNATED CONTACT PERSON	EMAIL ADDRESS			
ADDRESS (physical location)	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY

TYPE OF BUSINESS: LEAD ABATEMENT CONTRACTOR or LEAD CONSULTANT

LEAD-BEARING SUBSTANCE ACTIVITIES CONDUCTED (check all that apply)

Lead Abatement Projects Lead Inspections Risk Assessments Project Designs

List all states in which your company is certified for lead abatement work: _____ (use reverse if necessary)

DOES YOUR COMPANY HAVE ANY PAST, PRESENT, OR PENDING LEAD-BASED PAINT ACTIVITY VIOLATIONS? (any state)

YES NO If yes, which states? (further information may be required) _____

CERTIFICATION

I hereby certify that all of the information provided in this application is complete and true. I understand that should investigations disclose any falsifications of information submitted in this application, my lead abatement contractor's license may be revoked. I have read Missouri's lead rule 701.300 through 701.338 RSMo, 19 CSR 30-70.110 through 19 CSR 30-70.650 and the U.S. Environmental Protection Agency's rule 40 CFR 745 "Lead: Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule" and I understand the requirements of those rules. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties. I will only employ appropriately licensed individuals to conduct lead-bearing substance activities, and ensure its employees follow the above cited Missouri statutes and regulations.

SIGNATURE OF OWNER(S) REQUIRED	PLEASE PRINT/TYPE NAME(S) HERE:	DATE
SIGNATURE OF DESIGNEE (IF OTHER THAN OWNER)	PLEASE PRINT/TYPE NAME HERE:	DATE