



LEAD FIRM CERTIFICATION APPLICATION

HOW TO APPLY

- A. Fill in this form in black or blue ink only. **Allow 2-4 weeks for processing.**
- B. Include a business check, cashier's check or money order made payable to the Minnesota Department of Health (MDH). **No cash or personal checks accepted. A service fee is charged for returned checks.**
 - 1. **Fees are nonrefundable**
 - a. **\$100 for lead firm**
- C. Mail to
 - Minnesota Department of Health
 - Asbestos/Lead Compliance Unit
 - PO Box 64497
 - St Paul, MN 55164-0497

Questions? Call 651-201-4620 or visit the [MDH website \(www.health.state.mn.us/lead\)](http://www.health.state.mn.us/lead).

IMPORTANT: MDH Lead Licensing **DOES NOT** meet the regulatory requirements of the US EPA's Renovation, Repair and Painting (RRP) Rule. You must apply to the US EPA to comply with the RRP requirements.

CERTIFICATION INFORMATION

- 1. Check one of the following application types
 - Initial Certification
 - Renewal Certification
- 2. Check all that apply to be listed on the Minnesota Department of Health's website for
 - Consultant (performs paint inspections, risk assessments, clearance inspections)
Name of licensed risk assessor/paint inspector _____
 - Contractor (performs lead abatement)
Name of licensed lead supervisor _____
 - Contractor-Lead Orders (performs lead abatement according to lead orders issued by MDH, City of Mpls, etc)
Name of licensed lead supervisor _____

LEAD FIRM INFORMATION

- 3. Company Name _____
- 4. Minnesota Tax # _____
(Required by MN Statutes, §270C.72)
- 5. Federal Employer # _____
- 6. Business Address _____
- 7. City _____
- 8. State _____
- 9. Zip _____
- 10. County _____
- 11. Phone # (_____) - _____ - _____
- 12. Fax (_____) - _____ - _____
- 13. Email _____
- 14. Name of Business Contact _____

WORKERS COMPENSATION INSURANCE INFORMATION

(Check 15 or 16 and fill out associated lines)

15. Company has Workers Compensation Insurance

15a. Insurance Company _____

15b. Policy Number _____

15c. Start Date _____ 15d. End Date _____

OR

16. Company is not required to carry Workers Compensation Insurance according to MN Statutes §176.

16a. Reason _____

SIGNATURE

I have provided true and complete information and I understand MDH's Tennessean Warning which is available by calling 651-201-4620 or from [MDH's website \(www.health.state.mn.us/divs/eh/asbestos/forms/comtenwarn.pdf\)](http://www.health.state.mn.us/divs/eh/asbestos/forms/comtenwarn.pdf). I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Signature _____ Date _____ / _____ / _____
mm/dd/yyyy

To obtain a copy of this document in an accessible format (electronic ASCII text, Braille, large print, or audio) please call 651-201-4620.