



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF PUBLIC HEALTH SERVICES***  
***BUREAU OF PUBLIC HEALTH PROTECTION***

Lori A. Shibinette  
 Commissioner

Lisa M. Morris  
 Director

29 HAZEN DRIVE, CONCORD, NH 03301  
 603-271-4524 1-800-852-3345 Ext. 4524  
 Fax: 603-271-8705 TDD Access: 1-800-735-2964  
 www.dhhs.nh.gov

**Lead Abatement Contractor Application**

(Please complete all sections, incomplete applications will be returned)

**INITIAL**       **RENEWAL, License No. \_\_\_\_\_ Application Fee: \$300.00**

**PERFORMANCE CONTRACTOR:** conduct lead hazard reduction by means of abatement methods utilizing licensed lead abatement supervisors and lead abatement workers.

**CONSULTANT CONTRACTOR:** conduct abatement preparation including inspections and documentation and post-clearance testing activities utilizing a licensed lead inspector or risk assessor.

**Check this box if** your company is for hire and would like the company name and contact information provided below on all published lists available to the public.

**I. COMPANY NAME AND CONTACT INFORMATION:** *How you or your company name and address will appear on your official license and your address of record for all mailings.*

Company Name		
Physical Address		Suite/Apt. #
Mailing Address		
City	State	Zip Code
Email	Website	
Phone	Fax	

**II. COMPANY OWNER (CONTACT PERSON) OR IF AN LLC, NAME OF MANAGING PARTNER:** *(Attach a separate sheet if more space is needed)*

Name	Title
Business Phone Number	Cell Phone Number
Physical Address	
Mailing Address	



**IV. EMPLOYEE INFORMATION:** *(Include all individuals currently employed to perform lead abatement activities including subcontractors.)*

First Name	Last Name	License Number

**IV. STATEMENT OF COMPLIANCE**

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I understand I shall employ only individuals certified or licensed in accordance with He-P 1612, including lead-certified or licensed employees or lead-certified or licensed subcontractor personnel to conduct lead-based paint activities, and all employees and lead-certified subcontractors shall follow the work practice standards of He-P 1600. I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

**V. NOTARIZATION**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, \_\_\_\_\_  
(Applicant's name)

personally appeared before me, who being duly sworn says that he is the person referred to in the foregoing application and that the statements made herein are true in every respect.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires:

## CHECKLIST OF REQUIRED DOCUMENTATION

### All Applicants He-P 1612.05

- Provide a current, clear, color photograph of yourself (such as passport photograph) with your name clearly printed on the back.
- Attach copies of training certificates and/or copies of current licenses or certificates from other states with this application.
- Make check or money order payable to “Treasurer, State of NH” in the amount of the discipline you are applying. Applications will not be processed until all information is received.

### All applicants with the exception of workers

- Provide a copy of your written worker protection program that conforms to the following OSHA standards: the standard for Respiratory Protection, 29 CFR 1910.134, and the standard for Lead in Construction, 29 CFR 1926.62 if applicable.
- Provide photocopies of official academic transcripts and/or diplomas issued by the relevant educational institution or a GED, as required by He-P 1612.02

### Lead Inspectors or Risk Assessors:

- Provide signed documentation from the supervising risk assessor(s) that all aspects of each inspection required by He-P 1612.02(e)(4) or (f)(4) have been completed.

### MAILING INSTRUCTIONS

Send Completed Application to the Following Address:

ATTN: Lead Licensing  
NH Department of Health and Human Services  
Division of Public Health Services  
Healthy Homes and Lead Poisoning Prevention Program  
29 Hazen Drive  
Concord, NH 03301

Telephone: 271-4719