

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

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

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

To Whom It May Concern:

The Healthy Homes and Lead Poisoning Prevention Program at the New Hampshire Department of Health and Human Services (hereinafter "the Department") has issued an order of lead hazard reduction in accordance with RSA 130-A and He-P 1600.

In furtherance of assisting you through the lead hazard prevention process, I am writing to request information contained in the attached form(s).

Federal and state law require property owners, contractors and tenants to furnish relevant information to the Department that is engaged in investigation of lead hazards. *See* RSA 130-A:5; 40 C.F.R. § 745. Document review is often necessary to execute these responsibilities.

Please be advised that the New Hampshire Healthy Homes and Lead Poisoning Prevention Program at the Department is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy rules. The HIPAA Privacy Rule permits a covered entity to disclose protected health information as necessary to comply with State and federal law. *See* 45 CFR §164.512(a) and §164.502(b).

Furthermore, as a public official, I certify that the information being requested, which may contain otherwise protected health information, is the minimum necessary for the purpose of our inquiry. *See* 45 C.F.R. § 164.514(d)(3)(iii)(A).

The requested records should be submitted to the program's attention as soon as possible to prevent any further lead exposure hazards.

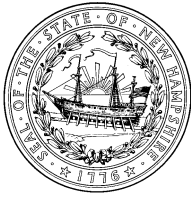
In keeping with the confidential nature of these records, it is required that you deliver them by secure and trackable means.

For your convenience, we can forward an encrypted email with the form so you may reply using secure means.

Your anticipated courtesy and cooperation are appreciated. Please feel free to contact the program if you have questions or require additional guidance.

Sincerely,

Healthy Homes and Lead Poisoning Prevention Program
nhleadprogram@dhhs.nh.gov
(603) 271-4507



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Lead Abatement Contractor Application

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

INITIAL RENEWAL (DC) License Number. _____ 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	

Lead Abatement Contractor Application

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

III. LEAD LICENSING HISTORY:

	Yes	No
Have any company officers ever held a New Hampshire Lead license or certificate for any discipline? If “Yes”, please list: Date of last certification or licensure: _____ Certification or License Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the business or officers of the company licensed, certified, or permitted in any states other than New Hampshire? If “Yes” please list and <u>attach a copy with this application</u> : License No. State <input type="checkbox"/> <input type="checkbox"/> License No. State <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any pending or completed state, federal, or local enforcement actions against the business or any officers of the company which resulted from lead hazard reduction activities, lead inspections, or risk assessments within the past 10 years? If Yes please explain <i>(This would include: notices of warnings, violations, administrative fines, administrative orders, consent decrees, notice of licensure or certification denial, suspension or revocation, or pending or completed civil or criminal actions.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Please list all names, trade names, acronyms, and other identifiers used currently or in the past when performing lead hazard reduction activities, lead inspections, or risk assessments.
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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

(Manual Signature Required / Digital Signature Not Accepted)

Print Name

VI. CHECK / MONEY ORDER PAYABLE TO:

“Treasurer, State of NH”

VII. SUBMIT THE LEAD LICENSE OR CERTIFICATION APPLICATION TO:

ATTN: Lead Licensing

New Hampshire Department of Health & Human Services (NH DHHS)
Division of Public Health Services
Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
29 Hazen Drive
Concord, NH 03301-6527

PHONE: 603-271-4719

VI. CHECK / MONEY ORDER PAYABLE TO:

“Treasurer, State of NH”

VII. SUBMIT THE LEAD ABATEMENT CONTRACTOR (BUSINESS) APPLICATION TO:

ATTN: Lead Licensing

New Hampshire Department of Health & Human Services (NH DHHS)
Division of Public Health Services
Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
29 Hazen Drive
Concord, NH 03301-6527

PHONE: 603-271-4719

All Applicants He-P 1612.02(h)(1-9)

- Provide evidence, if applicable, that the business entity has an up-to-date written worker protection program that conforms with the following OSHA standards:
- 1. The standard for Respiratory Protection, 29 CFR 1910.134; and
- 2. The standard for Lead in Construction, 29 CFR 1926.62; and