

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 License or Certification Application (Initial or Renewal)
(Check all discipline(s) for which you are applying)

- Lead Risk Assessor (\$250.00) Lead Inspector (\$100.00) Lead Abatement Supervisor (\$125.00)
- Lead Abatement Worker (\$75.00) Owner- Contractor
- Multiple Discipline (Highest fee, plus \$25.00 for each add'l)
- Reciprocity (Fee of discipline) **Initial Application** **Renewal Application**

(3) Dwelling Units or <= \$0.00
 (4 to 6) Dwelling Units = \$150.00
 (7) Dwelling Units or >= \$300.00

I. APPLICANT INFORMATION

Mailing Address for License / Certification

| | | | |
|------------------|--------|------------|---------------|
| First Name: | | Last Name: | |
| Mailing Address: | | | Suite/Apt. #: |
| City: | State: | Zip Code: | |
| Phone: | Email: | | |

II. CONTRACTOR / EMPLOYER INFORMATION

Mailing Address for License / Certification

| | | | |
|------------------|--------|-----------------|---------------|
| Business Name: | | License Number: | |
| Mailing Address: | | | Suite/Apt. #: |
| City: | State: | Zip Code: | |
| Email: | | | |
| Phone: | Fax: | | |

III. VERIFICATION CONTACT (Workers N/A) (Required Initial License / Certification ONLY)

| | | | |
|-----------------|-------|-----------|--------------|
| First Name | | Last Name | |
| Mailing Address | | | Suite/Apt. # |
| City | State | Zip Code | |
| Phone | Email | | |

IV. LEAD LICENSING HISTORY

| | Yes | No |
|--|--------------------------|--------------------------|
| Have you ever held any other State of New Hampshire license(s) or certificate(s) for any discipline If "Yes," please list: Exp., Date of last licensure or certification: <input type="text"/> License or Certification number: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you licensed, certified, or permitted in any states other than New Hampshire? If "Yes" please list and attach a copy with this application: License No: <input type="text"/> State: <input type="text"/> License No: <input type="text"/> State: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any pending or completed state, federal, or local enforcement actions against you which resulted from lead hazard reduction activities, lead inspections, or risk assessments within the past 10 years? If Yes, please explain. This would include any: Administrative Orders or Consent Decrees Notice of licensure or certification denial, suspension, or revocation Pending or completed Civil or Criminal Actions | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

V. TRAINING INFORMATION (Complete table and attach certificates of completed courses)

| Training Provider | Course Name | Date of Completion | Exam Grade |
|-------------------|-------------|--------------------|------------|
| | | | |
| | | | |

VI. STATEMENT OF COMPLIANCE

I certify that I have read, understand, and agree to comply with the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

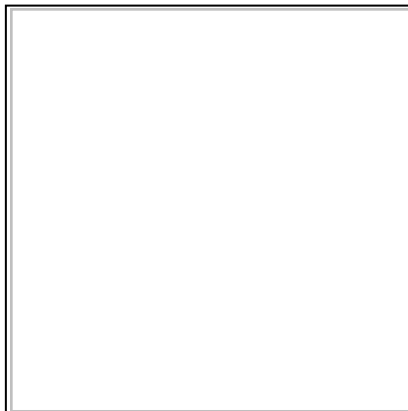
Date: _____

Applicant Signature

(Manual Signature Required / Digital Signature Not Accepted / Permitted)

Print Name

VII. PHOTOGRAPH: Paperclip a recent passport type picture here.



You may also take a digital picture with a mobile phone and email that picture to:

Michael.G.Doherty@dhhs.nh.gov and

Mary.Cate@dhhs.nh.gov

In the email "Subject" line, "First Name, Last Name (applicant), "Initial or Renewal."

VIII. CHECK / MONEY ORDER PAYABLE TO:

“Treasurer, State of NH”

IX. 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

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. Or email a digital (passport type photo) to: Michael.G.Doherty@dhhs.nh.gov and/or Mary.Cate@dhhs.nh.gov. In the email "Subject" line, "First Name, Last Name" (applicant), "Initial or Renewal," "Discipline(s)."
- Initial or renewal applications, attach copies of initial / refresher 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.

Lead Inspectors or Risk Assessors:

- Initial license applications only, 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.
- Initial or renewal applications, attach copies of initial / refresher training certificates and/or copies of current licenses or certificates from other states with this application.