



RI Department of Health  
3 Capitol Hill, Room 104  
Providence, RI 02908-5097  
[www.health.ri.gov](http://www.health.ri.gov)

# RI Department of Health

## Application and Instructions for:

Lead-Safe Remodeler/Renovator

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM  
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health  
Office of Health Professionals Regulation  
Room 104 - 3 Capitol Hill  
Providence, RI 02908-5097

1. \$40.00 (forty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

<b>Required Documentation</b>	<p>(A) Copy of certificate(s) indicating successful completion of an initial Rhode Island licensed training course approved in accordance with Subsection 18.7(m) within the twelve (12) month period prior to submission of the application <u>or</u></p> <p>(B) Copy of certificate indicating successful completion of an initial EPA accredited training course from a state other than Rhode Island, and a copy of the Rhode Island reciprocity test proficiency certificate in accordance with subsection 20.5(f) or</p> <p>(C) Possesses a current Lead Hazard Reduction Contractor Agent license issued pursuant to Section 15.3; or</p> <p>(D) Possesses a current Lead Hazard Reduction Site Supervisor license issued pursuant to Section 15.3; or</p> <p>(E) Possesses a current Lead Hazard Reduction Worker license issued pursuant to Section 15.3</p>
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**\*\*IMPORTANT NOTE\*\***

New regulations require all contractors, carpenters, painters, plumbers, electricians and other tradespersons that disturb paint in pre 1978 residential housing and child care facilities be licensed with the Rhode Island Department of Health as a Lead Hazard Control Firm or operate under the supervision of a licensed Lead Hazard Control Firm. If you do not operate under the supervision of a Lead Hazard Control Firm, you must be licensed as both a Remodeler/Renovator and a Lead Hazard Control Firm in order for you to work in Rhode Island if this regulation applies to you.

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:  
<https://healthri.mylicense.com/Verification>

## State of Rhode Island and Providence Plantations Department of Health

<p><b>Name:</b></p> <p>This is the name that will be printed on your License and reported to those that inquire about your License.</p> <p>Do not use nicknames, etc.</p>	<p>Name: _____</p> <p style="text-align: center;">Prefix                      First Name                      Last Name                      Suffix (Mr/Mrs/Dr.)</p>
<p><b>Date of Birth:</b></p>	<p>Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; font-size: small;">Month                      Day                      Year</p>
<p><b>Gender:</b></p>	<p>Male <input type="checkbox"/>                      Female <input type="checkbox"/></p>
<p><b>Residence Information:</b></p> <p>It is your responsibility to keep the Department apprised of all address and phone number changes.</p> <p><b>(Not published on the HEALTH web site).</b></p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p><b>Business/Employment Information:</b></p> <p>Please provide the employment information related to <u>this</u> license. Include Name of Business/Employer</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p><b>SSN:</b></p> <p><b>(Social Security Number)</b></p>	<p><b>Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</b></p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>Race/Ethnicity</b></p> <p><b>(This information is voluntary and will not affect issuance of your license.)</b></p>	<p><b>Ethnicity</b> – Are you Hispanic or Latino? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p><b>Race</b> -    <input type="checkbox"/> American Indian or Alaska Native    <input type="checkbox"/> Asian    <input type="checkbox"/> Black or African American</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian or other Pacific Islander    <input type="checkbox"/> White</p>

<p><b>Enforcement Actions in Other Jurisdictions:</b></p>	<p>1. Has your license or other authorization to perform lead hazard reduction and/or lead hazard control work ever been suspended or revoked by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is any enforcement action in conjunction with any lead hazard reduction and/or lead hazard control work performed by you pending by any local, county, State or Federal agency? If Yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><b><u>This Application Must be Signed by the Applicant</u></b></p> <p><b>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</b></p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p><b>Signature</b></p> <p>_____</p> <p><b>Date of Signature (MM/DD/YY)</b></p>