START WORK NOTIFICATION

This form must be submitted **at least 3 business days before beginning work** to the Rhode Island Department of Health by email at doh.leadprogram@health.ri.gov or by fax at 401-222-2456.

Type of License (check one)

☐ Lead Hazard Reduction Contractor **OR**

☐ Lead Hazard Control Firm (check all that apply): → ☐ *Renovate Right* pamphlet distributed

→ ☐ Confirmation of receipt of Form PBLC-29 on file

Type of Notification (check one) ☐ Original ☐ Revised ☐ Cancelled

Project Schedule Start Date _____ End Date _____

Lead Hazard Premises

Occupant Name _____ Floor(s)/Apartment(s)/Area(s) _____

Street Address _____ City & Zip Code _____

Owner Information

Name(s) _____

☐ Check if address is same as **Lead Hazard Premises** above (skip to next section)

Street Address _____ City, State, Zip Code _____

Phone _____ Other Contact _____

Lead Hazard Control / Reduction Activity (check all that apply)

☐ Interior Paint ☐ Exterior Paint ☐ Common Area Paint ☐ Vacant Unit ☐ Occupied Unit

☐ Child Care Facility ☐ Mechanical Paint Removal ☐ Other _____

Government Agency Information

☐ Lead Hazard Control / Reduction Ordered by Government Agency ☐ Not Applicable (skip to next section)

Agency Name _____

Person Issuing Order _____ Title _____

Date Order Issued _____ Final Compliance Date Required by Order _____

Firm Information

Firm Name _____

Street Address _____ City, State, Zip Code _____

Phone _____ RI License # _____

Certifying Lead Hazard Reduction Site Supervisor or Lead-Safe Remodeler/Renovator

I certify that the above information is correct.

Print Name	Signature	RI License #	Date

SUBMIT