



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4507 1-800-852-3345 Ext. 4507
Fax: 603-271-3991 TDD Access: 1-800-735-2964



Request for Initial Lead License or Certification Form

(Please check which application you are applying for)

- Lead Risk Assessor (\$250) Lead Inspector (\$100) Lead Abatement Supervisor (\$125)
 Lead Abatement Contractor (\$300) Lead Abatement Worker (\$75)

All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

I. APPLICANT INFORMATION

First Name	Last Name	Middle Initial
Date of Birth	Employer	

II. CONTACT INFORMATION (all communications/mailings will be sent)

Mailing Address (Employer or home)		Suite/Apt. #
City	State	Zip Code
Email		
Phone	Fax	

**III. VERIFICATION CONTACT (Workers N/A)
(Person who can verify work experience required by He-P 1612.02)**

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

IV. LEAD LICENSING HISTORY

	Yes	No
Have you 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: _____	o	o
Are you licensed, certified, or permitted in any states other than New Hampshire? If "Yes" please list and <u>attach a copy with this application</u> :	o	o
License #: _____ State: _____		
License#: _____ State: _____		

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: Notices of warnings, violations or administrative fines Administrative Orders or Consent Decrees Notice of licensure or certification denial, suspension or revocation Pending or completed Civil or Criminal Actions	o	o

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.

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

Training Provider	Course Name	Date of Completion	Exam Grade

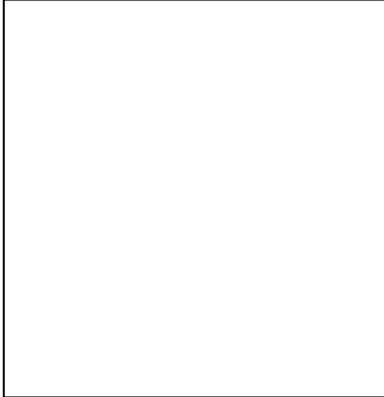
IV: STATEMENT OF COMPLIANCE

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 further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Applicant Signature

Date

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



VII: NOTARIZATION:

On this _____ day of _____ in the year _____,
_____ (Applicant's name) personally appeared before me, who being
duly sworn says that she/he is the person referred to in the foregoing application and that the
photograph attached hereto is a true picture of self 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 proof of receiving a score of 70 or greater on a third party examination within the past three years (Testing is offered every third Friday of the month at 29 Hazen Drive, Concord, NH. Call 603-271-4719 to schedule.)
- 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

**New Hampshire Department of Health & Human Services (NH DHHS)
Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
29 Hazen Drive
Concord, NH 03301-6527
ATTN: Lead Licensing
PHONE: 603-271-4719**