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VERMONT
DEPARTMENT OF HEALTH
 ENVIRONMENTAL HEALTH
 Asbestos and Lead Regulatory Program
 108 Cherry Street, P.O. Box 70
 Burlington, VT 05402

Application for Licensure of Lead Contractors

Send by **EMAIL** to: AHS.VDHALRPGeneral@Vermont.gov
 Completed, signed and dated application with required documentation attached

Send by **MAIL** to above address:
 Copy of the first page of the application
 Completed tax form Applicant's Statement Regarding Child Support and Taxes
 License fee payable to the Vermont Department of Health

DO NOT email scans of payment or tax form.

Contact the Health Department with questions at:
 800-439-8550 or AHS.VDHALRPGeneral@vermont.gov.

FEE for each license type: \$600.00

1. Company Information

Contractor Name:	Ph:	Fax:
Address:		
City:	State:	Zip:

Responsible Individual:	Title:	Email:
Contact Person:		Email:

If you have more than one location, submit a list of each branch with address and phone number separately. If no changes since last submittal, check box (renewals only):

You are:

Corporation	Partnership	Unincorporated Association
Sole Proprietorship	Other (specify):	

Submit organizational chart

Check here if no changes since last submittal (renewals only):

You will not allow any employee to perform any lead-related service or activity unless the employee is licensed by the Health Department to provide that service.

2. Licenses

Which Licenses are you applying for? (Check all that apply):

Lead Abatement Contractor	
	Target Housing & Public Buildings
	Superstructures & Commercial Buildings

Lead Consulting Contractor	
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Lead Analytical Laboratory			
Services you will provide:	Soil	Dust	Paint Chip

Check One:

Initial Licensure	Renewal Licensure	
	License #	Exp Date
	License #	Exp Date

Have you ever applied and been denied a lead-related license in Vermont?

Yes No Type: Date:

If yes, please indicate the type of license applied for and the date of application.

Are you licensed, certified, or permitted as a lead entity in any other state?

Yes No

If yes, please provide a copy of each valid certificate. Lists are not acceptable.

3. Contractor Enforcement History

Please submit documentation of all state, municipal and federal enforcement actions from previous two years if initial application and past year for renewals.

- a) Have you ever been found to be in violation of any law or regulation regarding lead abatement activities by any state (including Vermont), municipality federal agency, or department? Yes No

- b) Are there any outstanding actions or investigations regarding lead abatement activities initiated by any state (including Vermont), municipality federal agency or department pending against you? Yes No

If the answer to any of the above questions is yes, even if you disagree with those actions, provide detailed information about the notice or action including the agency taking action and copies of enforcement correspondence. Also include your response to this correspondence and what procedures have been instituted to prevent further occurrences. The program routinely checks enforcement actions through state and federal enforcement reports.

4. Required Documentation:

You must submit documentation of the following, as applicable.

A. Abatement Contractor: ([Section 4.1 of the Vermont Regulations for Lead Control \(VRLC\)](#))

- 1) At least one employee meets the requirements of a Supervisor Contractor.

Documentation included with application

- 2) All Worker Protection Programs must demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, and include Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.

Copies of most current worker protection programs included with application

No changes to your worker protection programs since last submittal
(renewals only)

- 3) Project experience in lead paint abatement or other related environmental experience like asbestos abatement or hazardous material remediation.

Documentation included with application (required for initial applicants)

B. Consulting Contractor: ([Section 4.3 of VRLC](#))

- 1) You will employ individuals that have obtained licensure or are qualified to obtain licensure to perform lead paint consulting services and activities.

- 2) All Worker Protection Programs must demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, and include Respiratory Protection, Medical Monitoring, Protective Clothing and Equipment.

*** If XRF equipment is used, the appropriate worker protection and monitoring for radiological exposure shall be included.

Copies of most current worker protection programs included with application

No changes to your worker protection programs since last submittal
(renewals only)

- 3) Experience in lead paint abatement oversight, consulting or other related environmental experience like asbestos abatement or hazardous material remediation.

Documentation included with application (required for initial applicants)

C. Analytical Contractor Entity ([Section 8 of VRLC](#)):

1) You successfully participate in the Environmental Lead Proficiency Analytical Testing Program (AIHA) or another EPA-recognized Accrediting Organization.

Documentation included with application

2) You have accreditation from a national laboratory accrediting organization which maintains a Memorandum of Understanding with the EPA through the National Lead Laboratory Accreditation Program (NLLAP).

Documentation included with application

5. ASSOCIATIONS WITH OTHER LEAD RELATED BUSINESSES:

Do you, any employee or other individual or with financial interests in you, have any financial or professional involvement with any other individual or firm licensed under the Vermont Regulations for Lead Control now or in the past?

Yes No

If yes, describe this relationship in detail. (Submit additional sheets if necessary).

I certify that I have read and understand the [Vermont Regulations for Lead Control](#). I certify that this application is prepared in agreement with the [Vermont Regulations for Lead Control](#), and that all the information provided, including any supplements, are true and correct to the best of my knowledge and belief. I agree that as a condition of being granted a license, I will notify the Asbestos and Lead Regulatory Program of any change of address or employer within 90 days of the change.

Signature of Responsible Individual

Date Signed

Lead Contractor Checklist for Licensure

Check your application package carefully to ensure it is complete. If your application is incomplete, it will either delay processing or be denied. Any fees you sent will not be returned.

ALL APPLICANTS

- 1) Did you sign and date the application and Applicant's Statement Regarding Child Support and Taxes form?
- 2) Did you check the type(s) of license(s)?
- 3) Did you submit the proper licensure fee(s)? Is the check made out to the Vermont Department of Health?
- 4) Did you provide documentation of enforcement actions submitted including all previous and current year's actions? Have you provided a detailed explanation to these actions? At least two years enforcement history is required for initial applicants, past year only if a renewal applicant.
- 5) Did you submit documentation or any changes of your worker protection plans?

INITIAL APPLICANTS

- 1) Did you indicate the type of business entity you are? Did you provide a diagram of your corporate structure?
- 2) Have you provided a listing of project experience?

LEAD LABORATORY

- 1) Did you provide a list of employees performing analysis or other services with license numbers and type of licensure issued by the Vermont Department of Health?
- 2) Did you submit documentation of proficiencies, state licenses, and accreditations? Has the quality assurance/quality control manual or any changes been included?

Submit completed application and attachments to:

AHS.VDHALRPGeneral@vermont.gov

Submit first page of application, tax form, and fee to:

Vermont Department of Health
Environmental Health
Asbestos and Lead Regulatory Program
108 Cherry Street, P.O. Box 70
Burlington, VT 05402