



RI Department of Health

Application and Instructions for:

Lead Renovation Firm

Business Name – Please Print

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

INSTRUCTIONS

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

Rhode Island Department of Health
Center for Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$100.00 (one hundred dollar) application fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	(A) Copy of certificate(s) indicating successful completion of a Lead Renovator training course which meets the requirements of 216-RICR-50-15-11.5(D) by an owner/principal or employee of the firm. (D) Copy of proof of identity prior to issuance of the initial license. Acceptable proof of identity includes a current State driver's license, valid State photo identification card, or current passport. 216-RICR-50-15-11.4.3(D)
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Please make a photocopy of your entire completed application for your records before mailing to the center. The center is not responsible for providing you with a photocopy of your application.

Please allow the center fifteen (15) business days to process your application and mail your license.

Please call the Health Information Line at 401-222-5960 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>

PLEASE NOTE: The Department can no longer handle applications on a "walk-in" basis. Please do not drop applications off at the Department.

State of Rhode Island and Providence Plantations Department of Health

<p>Firm Name:</p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>																				
<p>Trained Lead Renovator Name and Training Certificate</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Prefix (Mr/Mrs/Dr.)</td> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 15%; border-bottom: 1px solid black;">Suffix (Jr/III)</td> <td style="width: 10%; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td colspan="5">Training Provider: _____</td> </tr> <tr> <td colspan="5">Certificate Number: _____</td> </tr> <tr> <td colspan="5">Expiration Date: _____</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)	Title	Training Provider: _____					Certificate Number: _____					Expiration Date: _____				
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Training Provider: _____																					
Certificate Number: _____																					
Expiration Date: _____																					
<p>Firm <u>Mailing</u> Information:</p> <p>Please provide the mailing information for all communication regarding this license.</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>Firm <u>Location</u> Information:</p> <p>Please provide the location information for all communication regarding this license.</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>Ownership Type:</p> <p>Please check ONE</p> <p>This structure should be the same that the applicant used to register with the RI Contractors' Registration Board</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner													
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<p>Ownership Information:</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name and Title _____</p> <p>DBA: _____</p>																				

