



Important: Consult the instructions for firms applying for certification to conduct renovations. Persons seeking individual certification should use the Application for Individuals instead of this form. Please fill out all sections. Type or print responses in black or blue ink only.

A. General Information

Select one of the following application types:

- Initial certification application
Re-certification application
Adding jurisdiction(s) to certification/amending certification
Replacement of a certificate

Official Use Only

For information on EPA and other lead programs, see: http://www.epa.gov/lead

B. Applicant Information

Name of Firm:

Business Address: Street Address, Suite Number (Please no P.O. Box) City State Zip Code

Mailing Address: (if different from above) Address City State Zip Code

Name of Attesting Individual: Last First Middle

Firm's Phone #: ( ) ext. Attesting Individual's Phone #: ( ) ext

Attesting Individual's E-mail Address:

C. Professional Certifications

Does the firm hold current permits, licenses, certifications, or registrations in the lead-based paint activity or renovation field in any state, U.S. territory, or Indian tribal land? Yes No

If yes, please fill in the following blanks, one line for each permit, license, certification, or registration held. Attach additional sheets of paper, as necessary.

Type of certification held State, U.S. territory, or Indian tribal land(s) name Certification/Identification Number Date received

Type of certification held State, U.S. territory, or Indian tribal land(s) name Certification/Identification Number Date received

D. Lead-Based Paint Activity or Renovation Violations

Does the firm have any past, present, or pending lead-based paint activity or renovation violations of EPA state, U.S. territory, or Indian tribal land(s) regulations? Yes No

If yes, please attach a written explanation.

**E. Certification Statement**

Fill in the blanks in the following statement as indicated.

\_\_\_\_\_ attests that \_\_\_\_\_  
Name of Attesting Individual Name of Firm  
shall only employ appropriately certified individuals to conduct renovations.

\_\_\_\_\_ and its employees shall follow the work practice standards  
Name of Firm  
in 40 CFR § 745.85 for conducting renovations at all times.

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility for certification to conduct lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.



Attesting Individual's Signature  
(Please sign legibly within the boundaries of the box above.)

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Attesting Individual's Title (please print)

**Before you mail your application and certification fee, make sure that you have:**

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed the appropriate certification fees (check or money order)
- Printed "Lead Program User Fees" on the check or money order

For more information, see the fees section in the instructions

**Mail original completed application, supporting materials, and the certification fee to:**

U.S. EPA  
Lead User Fees  
P.O. Box 979072  
St. Louis, MO 63197-9000