



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### LEAD CONTRACTOR LICENSURE

**\*IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED "WALK-IN MEETINGS". IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.\***

- ◆ The fee for initial licensure covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. Also, please be aware that subsequent licensure renewal fees are separate and distinct from the initial application fee. The full renewal fee will be required regardless of the date of initial licensure.
- ◆ It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. It is not the responsibility of the Department to notify applicants of incomplete documentation.
- ◆ No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to "**TREASURER, STATE OF CONNECTICUT**", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application; **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- ◆ Licensure requirements are subject to change as a result of new legislation, rules and regulations, or due to new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current requirements.
- ◆ Any incomplete application which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.



410 Capitol Avenue, MS [#51EPL](#)

P.O. Box 340308

Hartford, CT 06134

[www.ct.gov/dph](http://www.ct.gov/dph)

(860) 509-7559

Telephone Device for the Deaf (860) 509-7191

An Equal Opportunity Employer

## **LEAD CONTRACTOR LICENSURE**

### **DOCUMENTATION REQUIRED**

*An applicant for lead contractor licensure must submit or arrange for submission of the following:*

- 1.** A completed, notarized application (*enclosed*) and fee of \$500.00 in the form of a certified bank check or money order made payable to “Treasurer, State of Connecticut”; **AND**
- 2.** official verification, sent directly from each state or tribal licensing authority where a lead abatement or consultant license, certificate or registration is or has ever been held (*use enclosed FORM #1*); **AND**
- 3.** Sufficient evidence of current compliance with the worker’s compensation insurance coverage requirements of C.G.S. Section 31-284. Sufficient evidence includes a copy of one of the following documents: (1) a certificate of self insurance issued by a worker’s compensation commissioner pursuant to section 31-284, (2) a certificate of compliance issued by the insurance commissioner pursuant to section 31-286, or (3) a certificate of insurance issued by any stock or mutual insurance company or mutual association authorized to write worker’s compensation insurance in this state or its agent.

### **REINSTATEMENT PROCEDURES**

*In addition to the documentation required above, **reinstatement** applicants must submit or arrange for submission of the following:*

- A written synopsis (not a resume), of your professional activities since the license expired.
- A letter directly from the appropriate authority confirming your most recent employment including dates and an evaluation of your performance (If you own your own business, a letter from an environmental engineer, sanitarian, or colleague in a related field).

All supporting documentation must be sent directly to:

Department of Public Health  
Lead Contractor Licensure  
410 Capitol Avenue, MS **#51EPL**  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7559

**NOTE:** To obtain the current lead poisoning prevention and control regulations (Sections 19a-111-1 through 19a-111-11) and other related information please call the Connecticut Childhood Lead Poisoning Prevention Program at (860) 509-7299 or consult our website at <http://www.ct.gov/dph> .

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
LEAD CONTRACTOR LICENSE APPLICATION

Lic#: _____
Effective ____/____/____

**CHECK ONE:** INITIAL APPLICATION \_\_\_\_\_ APPLICATION FOR REINSTATEMENT \_\_\_\_\_

**CONTRACTOR CATEGORY:** Indicate the type of services you will be providing under this license.

**Lead Abatement Services (LAC)** defined as performing lead hazard reduction by means of abatement including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead.

**Lead Consultant Services (LCC)** defined as performing lead hazard reduction consultation work including inspection to determine the presence of lead, risk assessment, and designing abatement plans and projects.

**Lead Abatement and Consultant Services (LACC).**

**APPLICANT CATEGORY:** A license can be granted to an individual or a business. Fill out (A) OR (B) below. NOTE: For applicants applying as an individual, licensure expires on the first birth month which immediately follows initial certification, regardless of the date of initial licensure. For applicants applying as a business, licensure expires a year after initial licensure on the last day of the month of issuance. The full renewal fee will be required regardless of the date of initial licensure.

(A) **Individual Applicant:** Fill out (a) and (b) below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Gender: \_\_\_\_\_

**Name and Mailing Address:** This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

(B) **Business Applicant:** (a) Organization, Company or Individual (single proprietor with no employees) Name: [this will appear on the license]

\_\_\_\_\_

**LEGAL ADDRESS:** [indicate actual street address of individual or company, not post office box]

NUMBER

STREET

CITY

STATE

ZIP CODE

**MAILING ADDRESS:** [indicate individual who should receive license-related correspondence and information, P.O. Box may be used here]

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
NUMBER & STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**FEIN #** \_\_\_\_\_

**COMPANY OFFICERS:** [List name and actual legal address of current owners, partners, and corporate officers. Do not list a post office box]

NAME

TITLE

ADDRESS

\_\_\_\_\_  
**OTHER NAMES, ACRONYMS, OR IDENTIFIERS:** List all names, acronyms, or other identifiers by which the applicant company or applicant individual is known or does business.

\_\_\_\_\_  
**CURRENT OWNERSHIP IN LEAD ABATEMENT OR LEAD CONSULTING FIRMS:** List the name and address of any lead abatement or lead consultant contractor firms in which the applicant or applicant's officers, owners, or partners are full owners, partial owners or have a financial interest.

\_\_\_\_\_  
**LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES/TRIBES:** List all states, other than Connecticut, and/or tribes in which you have ever been licensed, certified, accredited or approved in any **lead** abatement or consulting discipline. *You must forward a copy of the verification form (FORM #1) to the state(s)/tribe(s) in which you have ever been licensed, certified, accredited or approved.*

STATE/TRIBE

TYPE OF LIC/CERT/ACCRED/APPRVL

NUMBER

EXPIRATION DATE

\_\_\_\_\_  
**PERSONNEL EMPLOYED:** List the numbers of **ALL** personnel employed in each job category (employee names are not required). INCLUDE ALL EMPLOYEES WHO WORK FOR YOUR COMPANY, NOT JUST THOSE INVOLVED IN LEAD ABATEMENT OR CONSULTATION. IF NO INDIVIDUALS ARE EMPLOYED AT THE TIME OF THIS APPLICATION, INDICATE N/A.

LEAD ABATEMENT SUPERVISOR: \_\_\_\_\_

LEAD ABATEMENT WORKER: \_\_\_\_\_

LEAD PLANNER-PROJECT DESIGNER: \_\_\_\_\_

LEAD INSPECTOR: \_\_\_\_\_

LEAD INSPECTOR RISK ASSESSOR: \_\_\_\_\_

OTHER: \_\_\_\_\_

Check Here if Sole Proprietor or Partnership Without Additional Employees

**EQUIPMENT OWNED BY APPLICANT:** Provide documentation of all technical equipment for lead abatement and/or consultant work owned by the applicant. For example, indicate HEPA-filtered vacuum cleaners, ventilation systems, portable decontamination units, respirators, XRF units (listed by manufacturer and model) and other significant equipment necessary for lead hazard identification and remediation work. **IF NO EQUIPMENT IS OWNED BY THE COMPANY AT THE TIME OF THIS APPLICATION, EXPLAIN REASON WHY.**

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**PROFESSIONAL HISTORY:** Answer A-G by checking YES or NO. If you answer YES, follow directions below.

A. Has applicant ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? YES  NO

B. Has applicant ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES  NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to applicant, or imposed a fine or reprimand, or taken any disciplinary action against applicant? YES  NO

D. Has applicant ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to applicant by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES  NO

E. Has applicant ever been subject to, or currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? YES  NO

***If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.***

F. Has applicant ever entered into, or currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES  NO

***If yes, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.***

G. Has applicant ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES  NO

***If yes, give full details including, but not limited to, on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.***



**FORM #1**

**STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH  
VERIFICATION OF LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL  
IN A LEAD ABATEMENT OR CONSULTING DISCIPLINE**

**APPLICANT:** Complete the top portion of this form and forward it to the state(s)/tribe(s) (other than Connecticut) where you have been/are licensed/certified/accredited/approved in any lead abatement or consulting discipline. You may make a copy of this form if you are licensed/certified/accredited/approved in more than one state.

Applicant \_\_\_\_\_

*If an individual,* Date of Birth: \_\_\_\_\_ *If a business:* FEIN Number: \_\_\_\_\_

License/Certificate/Accreditation/Approval Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

The \_\_\_\_\_ is authorized by this applicant to furnish the Connecticut Department of Public Health the information requested below.

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING/CERTIFYING AGENCY USE ONLY**

This is to certify that the above applicant was issued license/certificate/accreditation/approval number \_\_\_\_\_ as a \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of issuance).

- 1. Licensure/Certification/Accreditation/Approval Status: Active  Inactive  Lapsed
- 2. Date License/Certificate/Accreditation/Approval Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. Has this applicant ever been subject to disciplinary action of any type or is this applicant currently the subject of a pending disciplinary action or unresolved complaint: YES  NO

*If Yes, please forward all publicly discloseable information regarding the encumbrance and basis for same. Please advise this office if you require a consent for release of this information from the applicant.*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE FORWARD THIS FORM DIRECTLY TO:**

**Lead Contractor Licensure - Department of Public Health  
410 Capitol Avenue, MS# 51EPL  
P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7559  
Fax: (860) 509-7378**