



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH LEAD Contractor License Application

General Policies and Procedures

IMPORTANT: THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED “WALK-IN” MEETINGS. FOR QUESTIONS, PLEASE EMAIL: dph.ehlicensing@ct.gov

1. Fees

The fee for an initial license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Contractor licenses are renewed annually in the month of issuance.

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. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for five years, however the application fee is good for ONLY one year.

2. Status Checks

It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: <https://www.elicense.ct.gov/> or email: dph.ehlicensing@ct.gov

3. License Issuance

After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the licensee shall receive written verification of the license number and the effective date. The three part licensing documents shall be sent to the licensee's address of record within 4-6 weeks after approval.

4. Requirements

License requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current licensing requirements.

5. Examinations

Licensing examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

(over, please)

Lead Contractor Requirements

1. A completed, notarized application, and fee of \$625.00 (*certified check or money order*) payable to “Treasurer, State of Connecticut”
2. Workers’ Compensation Insurance Certificate *or* Workers’ Compensation Exclusion Form
 - If you are a sole proprietor or Limited Liability Corporation partnership (LLC) with no employees, please go to the Workers’ Compensation Department website, www.wcc.state.ct.us/download/forms.htm to obtain the appropriate exclusion form to match your tax and employee status.
 - Please note that abatement projects generally require more than one person, thus if you employ additional workers, then you are required to have Workers’ Compensation Insurance at the start of each project
3. If you are a sole proprietor conducting lead abatement, then you are required to be credentialed as a Lead Supervisor and a Lead Contractor
4. Reinstatement: Please affirm in the presence of a notary that you have not worked in this state in the discipline for which you are applying since your certification expired. (*page 5*)

Mail to:

**Department of Public Health
Environmental Licensing
410 Capitol Avenue - MS # 12MOA
P.O. Box 340308, Hartford, CT 06134-0308**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
LEAD Contractor License Application

APPLICATION MUST BE TYPEWRITTEN. HANDWRITTEN APPLICATIONS WILL BE RETURNED

Check One: INITIAL REINSTATEMENT, CT License No: _____

Application Fee: \$625.00

Contractor Discipline

- LEAD ABATEMENT SERVICES:** conducting lead hazard reduction by means of abatement, including but not limited to encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead
- LEAD CONSULTANT SERVICES:** conducting lead hazard reduction consultation work including lead inspection, risk assessment, and plan and project design
- LEAD ABATEMENT AND CONSULTANT SERVICES**

CHOOSE ONE:

(A) **Business Applicant:** (include a certificate of authority from the Secretary of the State)

Company Name: _____

Federal Employee Identification Number (FEIN) _____

(B) **Individual Applicant:**

First Name: _____ Last Name: _____ MI: _____ Maiden Name: _____

Date of birth: / / Social Security No.: - - Gender: _____
mm dd yyyy

Name and Mailing Address: How you or your company name and address will appear on your official license, your address of record for all mailings and releasable information pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Website: _____

Phone #: _____ Fax: _____

COMPANY OFFICERS: (Current principal officers, partners or owners, and legal addresses, NOT a post office box)

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: / / Social Security No.: - - Percent Ownership: _____
mm dd yyyy

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: _____ - _____ - _____ Percent Ownership: _____

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: _____ - _____ - _____ Percent Ownership: _____

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: _____ - _____ - _____ Percent Ownership: _____

OTHER NAMES, ACRONYMS OR IDENTIFIERS: *List all names, dba's, acronyms or other identifiers by which the applicant is known or has done business.*

FINANCIAL INTEREST OF COMPANY OFFICERS: *List name and legal address of all lead abatement entities of which the applicant's officers, partners or owners have a financial interest. Use N/A for none.*

RACE/ETHNIC DATA: *(This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)*

- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK: Persons having origins in any of the black racial groups of Africa.
- HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

STATEMENT OF PROFESSIONAL HISTORY

- A. Have you 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. Have you 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 you, or imposed a fine or reprimand, or taken any disciplinary action against you? YES NO

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

- E. Have you ever been subject to, or do you 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 answer “yes” to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.

- F. Have you ever entered into, or do you 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” to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

- G. Have you 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” to Question G, give full details including, but not limited to, names and dates 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 (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.

CREDENTIALS IN OTHER STATES/TRIBES: List all states (other than Connecticut) and tribes where you have or have had a credential in any lead abatement discipline.

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION DATE

PERSONNEL: List the numbers of **ALL** your personnel for each job category (employee names are not required). Count all your employees, not only those involved in lead abatement or consultation. Use N/A for none

Lead Worker _____ Lead Inspector/Risk Assessor _____
 Lead Supervisor _____ Lead Planner-Project Designer _____
 Lead Inspector _____ Other (administrative, etc.) _____

Check Here if Sole Proprietor or Partnership Without Additional Employees

WORKERS' COMPENSATION INSURANCE Provide a copy of insurance certificate. Refer to "Requirements" for more information

Workers' Compensation Insurance Certificate or

Workers' Compensation Exclusion Form

- Sole proprietor or Limited Liability Corporation partnership (LLC) with no employees, go to the Worker's Compensation Department website, www.wcc.state.ct.us/download/forms.htm to obtain the appropriate exclusion form to match your tax and employee status. Please note that abatement projects require more than one person, thus if you employ additional workers, then you are required to have Workers' Compensation Insurance at the start of each project

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 the company does not own any equipment, please explain.

NOTARIZATION:

_____ attests that the above statements contained herein are true and correct,
Applicant's Name
and furthermore that all present and future employees who require certification by the department pursuant to Section 20-476 of the Connecticut General Statutes will be so certified.

The above applicant attests that records on health monitoring tests as described in subsection (d) (2) (A) of section 19a-111-6 of the regulations of Connecticut State Agencies will be maintained for two (2) years for supervisors and workers; that the following information will be retained for a minimum of three (3) years from completion of each lead abatement project: the lead abatement plan including any deviations from the plan and the reasons for such changes or verification that no deviations occurred; starting and completion dates of the project; the names, signatures, and certificate numbers of all abatement supervisors; the letter of compliance; copies of all residual dust level analysis results on samples collected for re-occupancy clearance; copies of all hazardous waste manifests; and that all inspection reports, forms and related data will be retained for a minimum of three(3) years from the issuance of such reports.

The above applicant attests that copies of all records described above will be submitted to the Department of Public Health no later than (10) working days following receipt of the department's request for such information; and that all lead related activities will be conducted in accordance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies.

The applicant understands that the information listed above is subject to disclosure requirements developed pursuant to Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992.

_____, _____ / _____ / _____. Sworn to me this _____ day of _____
Signature of Applicant, Authorized Agent *mm* *dd* *yyyy*

in the year _____, _____, _____
Signature of Notary Public *Commission Expiration*

REINSTATEMENT APPLICATIONS ONLY

I certify that since my State License expired, I have not worked in Connecticut in the discipline for which I am applying for reinstatement with this application.

Signature of Applicant

Application fee: \$625.00 payable to, **“Treasurer, State of Connecticut”** (*certified check or money order*)

Mail to:

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL LICENSING
410 CAPITOL AVENUE, MS# 12MQA
P.O. BOX 340308
HARTFORD, CT 06134-0308