

Official Use Only

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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 CERTIFICATION OF LEAD CONTRACTORS

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application.

Contact the Program at (802) 863-7236 or (800) 439-8550 in Vermont with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

ANNUAL FEE IS \$600.00

1. TYPES OF CERTIFICATION BEING APPLIED FOR:

- 1) Lead Abatement Contractor:
 - a) Target Housing & Public Buildings []
 - b) Superstructures & Commercial Buildings []
- 2) Lead Consulting Contractor []
- 3) Lead Analytical Laboratory []

CHECK ONE: INITIAL CERTIFICATION: [] RENEWAL CERTIFICATION: []

If renewal:

Certification # _____ exp date _____
Certification # _____ exp date _____

2. APPLICANT:

CONTRACTOR: _____
RESPONSIBLE INDIVIDUAL: _____
TITLE: _____ Phone No. () _____ Fax No. () _____
ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____

If your firm has more than one location, please list each branch with address and phone number separately.

3. THE CONTRACTOR IS:

- _____ 1) A Corporation
- _____ 2) A Partnership
- _____ 3) An Unincorporated Association
- _____ 4) Sole Proprietorship
- _____ 5) Other (specify) _____

--Attach organizational chart.

***FOR ANALYTICAL ENTITIES ONLY:**

Indicate the analytical services you wish to provide.

Soil _____ Dust _____ Paint Chip _____

4. APPLICATION AND CERTIFICATION INFORMATION:

Is the applicant seeking certification under the Vermont Regulations for Lead Control licensed, certified, permitted or registered as such in any other state besides Vermont or with any municipality?

Yes _____ No _____

If yes, give the name of the state or municipality and license number and enclose a copy of the permit or certificate:

5. EMPLOYEES:

The applicant shall not allow any employee to perform any lead-related service or activity unless the employee is certified by the Department to provide that service.

List the full names of all employees of the applicant who will provide lead related activities. List the current certificate numbers and type of certification issued by the Department to the personnel employed by the applicant. Attach a list to the submission.

6. CONTRACTOR ENFORCEMENT ACTIONS (All applicants):

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

- a) Are there any outstanding actions or investigations regarding lead abatement activities initiated by any state (including Vermont), municipality federal agency or department pending against the application?
Yes___ No___
- b) Has the applicant ever been notified by any state (including Vermont), municipality, federal agency, or department that you have been in violation of, or in non-compliance with any law or regulation regarding lead abatement activities?
Yes___ No___
- c) Has the applicant 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___

If the answer to any of these questions is yes, even though you may 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 re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.

7. WORKER PROTECTION, ACCREDITATION AND EXPERIENCE: (INITIAL APPLICANTS AND UPDATE IF RENEWAL)

Please provide documentation of experience, worker protection and accreditation for the types of certification applied for:

1) Abatement Contractor:

- a. Documentation of accredited Contractor/Supervisor initial training with refreshers, if applicable, by the responsible individual.
- b. All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, to include Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.
- c. Documentation of project experience in lead paint abatement or other related environmental experience such as asbestos abatement or hazardous material remediation.

2) Consulting Contractor:

- a. Shall employ individuals that obtained certification or are eligible to obtain certification to perform lead paint consulting services and activities.
- b. All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, to include Respiratory Protection, Medical Monitoring, Protective Clothing and Equipment. If XRF equipment is use, the appropriate worker protection and monitoring for radiological exposure shall be included.
- c. Documentation of experience in lead paint abatement oversight, consulting or other related environmental experience such as asbestos abatement or hazardous material remediation.

ASSOCIATIONS WITH OTHER LEAD RELATED BUSINESSES:

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

Yes___ No___

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

I certify that I have read and understand the requirements of the Vermont Regulations for Lead Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Lead Control, and that all the information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and belief.

SIGNATURE OF RESPONSIBLE INDIVIDUAL _____ DATE _____

**Applicant's Statement Regarding Child Support, Taxes,
Unemployment Compensation Contributions**

You **must** answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good Standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

- I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

OR

- I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

- I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

2. You must check one of the two statements below regarding taxes:

- I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

OR

- I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:

- I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

OR

- I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

- I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: _____ - _____ - _____

*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: _____ Date: _____

LEAD CONTRACTOR CHECKSHEET FOR CERTIFICATION

The following are items that are generally missed when contractors submit applications for certification. Please check these items carefully on your application, as incomplete applications will be returned. During the review process, if the information is found to be incomplete and unobtainable, your application may be denied and the fees may not be returned.

ALL APPLICANTS

- ___ 1) Is the application and tax/child support form signed and dated? An original signature is required. A signature stamp or photocopy of a signature will not be accepted.
- ___ 2) Is the type of certification checked?
- ___ 3) Is the proper certification fee submitted? Is the check made out to the Vermont Department of Health?
- ___ 4) Has the enforcement action section been filled out? Copies of enforcement correspondence and your response to these actions should be submitted.
- ___ 5) Has the documentation of worker protection requirements or any revisions been submitted?

INITIAL APPLICANTS

- ___ 1) Please indicate the type of business entity; corporations and wholly owned subsidiaries should provide a diagram of the corporate structure.
- ___ 2) Has a list of employees and certification numbers and types of certification been provided?
- ___ 3) Has a listing of project experience been included?
- ___ 4) Has individuals fit test documentation been submitted?
- ___ 5) Had individuals medical clearance documentation from physicians been submitted?

LEAD LABORATORY

- ___ 1) Have a list of employees performing analysis or other services with certificate numbers and type of certification issued by the Department been provided?
- ___ 2) Has documentation of proficiencies, state certifications, and accreditations been submitted? Has the quality assurance/quality control manual been included or any changes?

Be sure to review the regulations and your application before you submit it for processing.

Send completed application to: Vermont Department of Health
Environmental Health
Asbestos
Drawer 30
P.O. Box 70, 108 Cherry Street
Burlington, VT 05402