MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. Box 23660 • Baltimore, Maryland 21203-5660

410-537-4199 • 800-633-6101 x4199 • http://www.mde.state.md.us/lead

Land Management Administration • Lead Poisoning Prevention Program

RENTAL PROPERTY REGISTRATION
PART A

TRACKING #

PROPERTY #

BOX 1 - OWNER	*PLEASE TYPE OR PRINT THE ENTIRE FORM*

Please make any address corrections in the empty space below

NAME:

ADDRESS:

CITY: STATE: ZIPCODE:

TELEPHONE: (   )

BOX 2 - PROPERTY ADDRESS

ADDRESS:

CITY: STATE: MD   ZIPCODE:

COUNTY:

BOX 3 - MULTIPLE PROPERTY OWNERS

If ALL of the information required on PART A (both pages) is the SAME for ALL properties (except for the property address), you may note in the property address block "SEE ATTACHED PART B'S" AND:
   a) Photocopy Part B and attach ONE Part B for EACH property to a single Part A; OR
   b) Attach a spreadsheet that contains ALL of the headings from the columns on the original Part B, listing ALL units for UNDERLINE EACH INDIVIDUAL PROPERTY.

If ANY of the information required on Part A (both pages) is NOT the SAME for ALL properties, you must USE A SEPARATE FORM FOR EACH PROPERTY.

BOX 4 - PROPERTY MANAGER

NAME:	*For Office Use Only*
ADDRESS:	
CITY: STATE:	
ZIP CODE:	
TELEPHONE:	

BOX 5 RESIDENT AGENT/ AUTHORIZED AGENT

You must name a contact person 18 years of age or older who is customarily present in an office in Maryland for the purpose of transacting business or who actually resides in Maryland. It may be the owner, the property manager, or any other person.	LAST NAME:
	FIRST NAME:
	ADDRESS:
	CITY: STATE: MD
	ZIP CODE:
	TELEPHONE:

BOX 6A & 6B INSURANCE

Please complete the information below for each company providing property insurance or lead hazard	☐ CHECK HERE IF YOU **DO NOT** HAVE ANY INSURANCE

6A   POLICY# 1

INSURANCE CO. NAME:	
ADDRESS:	
CITY:	STATE:
ZIP CODE:	
POLICY NUMBER:	

6B   POLICY# 2

INSURANCE CO. NAME:	
ADDRESS:	
CITY:	STATE:
ZIP CODE:	
POLICY NUMBER:	

BOX 7 AFFIRMATION

I hereby affirm that the information contained in this Registration Form is complete and true to the best of my knowledge.	
	SIGNATURE DATE
	PRINT NAME

TRACKING # ☐ ☐ ☐ ☐ ☐ ☐

PART B

UNIT IDENTIFICATION

Tally √ marks(s) under Column B1, B2, and B3. Do this on every Part B that you are submitting. Then move to Part C to calculate total fee due.

Tracking # ⬚⬚⬚⬚⬚ Property # ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ Sheet ____ of ____

(A) Print Property Address	(B) Date of Construction or Status			(C)	(D) Type of Treatment				(E) Notices	(F) Insurance			
Unit Identification / One Per Line If Single Family Property, List as SFP Unit	Before 1950 (1)	After 1949 Opt-In (2)	Certified Lead Free Opt-In (3)	Date of Most Recent Change in Occupancy	Lead Dust Test Date(s) (1)	Modified Risk Reduction Date(s) (2)	Full Risk Reduction Date(s) (3)	Date of Most Recent Cert. Full Risk Reduction (4)	Tenant's Rights Date(s) Sent	6A Policy #1 Lead Hazard? YES	NO	6B Policy #2 Lead Hazard? YES	NO
EXAMPLE - UNIT 1B	√			02/08/1995			02/05/1995	02/06/1995	02/08/1995		√	√	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
Subtotal This Sheet Only ⟶													

Total Checks √

PART C

FEE SUMMARY PAGE

Tracking # | | | | | | |

Please calculate fees for all rental units listed and tallied on Part B

Total Column B 1 (Pre-1950 Units) = _____ x $15 = _____

Total Column B 2 (Opt-In Units) = _____ x $15 = _____

Total Column B 3 (Certified Lead-Free Opt-In Units) = _____ x $15 = _____

TOTAL AMOUNT SUBMITTED = _____

- Make check or money order payable to: Maryland Department of the Environment

- Include tracking number on your payment

- Cancelled check will serve as receipt

- To receive proper credit, Parts A, B, and C of the Registration Form <u>must</u> be submitted with payment

- Return form with payment to: **Maryland Department of the Environment**
  P.O. Box 23660
  Baltimore, MD 21203-5660

DIRECTIONS

TRACKING NUMBER: MAKE SURE AN MDE TRACKING NUMBER IS ON THE FORM. If an MDE tracking number has not been assigned, call the MDE Lead Hotline to obtain a tracking number (410-537-4199 or 1-800-776-2706).
NOTE: The registration cannot be processed without an tracking number.

PROPERTY NUMBER: Type or print clearly the Property Number in space provided. You can get your Property Number or "Real Estate Tax Account Number" off your property tax bill or contact the *Department of Assessment and Taxation* at (410)-767-8259 http://www.dat.state.md.us/ NOTE: Property number and property street address number are not the same.

BOX 1 OWNER ADDRESS: Make sure the name, full mailing address, and telephone number of the property owner is typed or printed clearly.

BOX 2 PROPERTY ADDRESS: Only applies to owners with one property. Make sure the full mailing address including the county is typed or printed clearly.

If you own more than one rental property ("Multiple Property Owner"), write "SEE ATTACHED PART B in BOX 2 and photocopy one Part B ("Unit Identification List") for each separate property.

If any of the information required on Part A is NOT the SAME for ALL PROPERTIES, you MUST use a separate registration form for each property.

BOX 4 PROPERTY MANAGER: If other than owner, type or print clearly the property manager's name, full mailing address, and telephone number.

BOX 5 RESIDENT AGENT: If the owner and/or property manager does not live in Maryland, you must provide information for a contact person who lives in Maryland and is at least 18 years of age.

BOX 6A INSURANCE: Type or print clearly the Insurance Company's name, complete mailing address, and policy numbers for all properties. NOTE: If needed, you may attach a separate sheet for all policy numbers.

BOX 6B ONLY APPLIES TO PROPERTY OWNERS WITH MULTIPLE POLICIES (i.e., multiple policies with one insurance company or multiple policies with more than one insurance company).

MAKE SURE THE TRACKING NUMBER AND PROPERTY NUMBER ARE TYPED OR PRINTED CLEARLY ON PART B OF THE REGISTRATION FORM.

NOTE A SEPARATE PART B IS NEEDED FOR EACH PROPERTY

Column A: Type or print clearly the property address in empty box provided, then identify each unit in the property on the lines below the property address. If property does not have more than one unit write Single Family Property (SFP) on the line below.

Column B: Check date range that each unit was built or the certified lead free option.

Column C: Type or print clearly the date your most recent tenant moved in for each unit.

Column D: **SEE YOUR INSPECTION CERTIFICATE for section D.** Check the type of treatment performed. **If you did not get an inspection done on the property, section D does not apply.**

Column E: Type or print clearly the date the Tenants Rights Package was given to tenant for each unit.

Column F: Does your Insurance Policy cover Lead? Check yes or no. **Policy 2 is for multiple policyholders.**

Total: Calculate **COLUMN B** and total amount of checks at bottom of Rental **Registration Form.**