

Application for Renovation, Repair and Painting Certification of a Renovation Firm



Oregon Health Authority (OHA)
Lead-Based Paint Program
PO Box 14260
Portland, OR 97293
www.healthoregon.org/lead

Program use only Cert. # _____ 50342 52362 2231

Type of Certification: Firm to Conduct Renovation Activities

*** IF YOU ARE A CONTRACTOR, OBTAIN A CCB LEAD-BASED PAINT RENOVATION CONTRACTOR LICENSE INSTEAD ***

Initial Application

Initial Application Amendment

Re-Certification Application

Re-Certification Application Amendment

Application Fee: \$250.00 payable to OHA. Certificate good for five years from date of issuance.

Lost Certificate Firms seeking certificate replacement must submit an application and a payment of \$15.

Firm Name: _____

(Legal, active name registered with the Oregon Secretary of State-Corporation Division, unless otherwise exempted from their regulations. Examples include legal names registered as sole proprietor, general partnership, LLC, business corporation, non-profit corporation, etc.)

Contact Person: _____

Mailing Address: _____

Street or PO Box

City

State

Zip Code

Physical Location: _____

(If different from above)

Street Address

City

State

Zip Code

Telephone: _____ **Fax:** _____

Email Address: _____ **Web site:** _____

Certified Renovator Name: _____

Certificate Number: _____

Accredited Training Provider: _____ **Training Date:** _____

NOTE: Additional Certified Renovators should be listed on an additional sheet of paper and attached to the application. Please include name, certificate number, name of accredited training provider and training date for each Certified Renovator.

Other Information and Required Items to be Included with Application

- I. Applicant certifies that the firm will: (1) employ a Certified Renovator to conduct renovation activities; (2) follow the standards for conducting renovation activities as prescribed in OAR 333-070; and (3) maintain all records pursuant to the aforementioned rules.
- II. Non-Refundable Application Fee: Check in the amount of \$250.00 payable to OHA.
- III. Copy of current renovation training certificate for each Certified Renovator.

I certify that I have read and shall comply with ORS 431.917-431.922, ORS 431.994, OAR 333-070, and that the information and documentation given in this application is complete and accurate to the best of my knowledge.

Signature: _____ **Date Signed:** _____

NOTE: Any changes to the information listed in this application must be reported to OHA within 30 days.