



**START WORK NOTIFICATION**

This form must be submitted **at least 3 business days before beginning work** to the Rhode Island Department of Health by email at [doh.leadprogram@health.ri.gov](mailto:doh.leadprogram@health.ri.gov) or by fax at 401-222-2456.

**Type of License** (check one)

- Lead Hazard Reduction Contractor **OR**
- Lead Hazard Control Firm (check all that apply):  
→  *Renovate Right* pamphlet distributed  
→  Confirmation of receipt of Form PBLC-29 on file

**Type of Notification** (check one)     Original     Revised     Cancelled

**Project Schedule**    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

**Lead Hazard Premises**

Occupant Name \_\_\_\_\_    Floor(s)/Apartment(s)/Area(s) \_\_\_\_\_  
Street Address \_\_\_\_\_    City & Zip Code \_\_\_\_\_

**Owner Information**

Name(s) \_\_\_\_\_  
 Check if address is same as **Lead Hazard Premises** above (skip to next section)  
Street Address \_\_\_\_\_    City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_    Other Contact \_\_\_\_\_

**Lead Hazard Control / Reduction Activity** (check all that apply)

- Interior Paint     Exterior Paint     Common Area Paint     Vacant Unit     Occupied Unit
- Child Care Facility     Mechanical Paint Removal     Other \_\_\_\_\_

**Government Agency Information**

Lead Hazard Control / Reduction Ordered by Government Agency     Not Applicable (skip to next section)  
Agency Name \_\_\_\_\_  
Person Issuing Order \_\_\_\_\_    Title \_\_\_\_\_  
Date Order Issued \_\_\_\_\_    Final Compliance Date Required by Order \_\_\_\_\_

**Firm Information**

Firm Name \_\_\_\_\_  
Street Address \_\_\_\_\_    City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_    RI License # \_\_\_\_\_

**Certifying Lead Hazard Reduction Site Supervisor or Lead-Safe Remodeler/Renovator**

I certify that the above information is correct.

\_\_\_\_\_  
Print Name    Signature    RI License #    Date