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| <b>FOR L&amp;I USE ONLY</b> |
| Cert #: _____               |
| Date: _____                 |

**LEAD CONTRACTOR CERTIFICATION APPLICATION**  
**PLEASE TYPE OR PRINT NEATLY IN INK**

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|---|--|
| <b>Type of Application</b>                      | Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Pennsylvania Certification #: _____  |
| <b>Contractor Information</b>                   | Company Name _____<br>Federal Employer Identification Number _____<br>Street Address _____<br>City _____ State _____ Zip Code _____<br>Telephone _____ Email _____<br>Contact Person _____ Title _____<br>Sole Proprietorship or Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/><br>Other (Specify) <input type="checkbox"/> _____<br><b>If any of the above company information is different from the previous submittal, please submit a request to update the company information on company letterhead.</b>  |
| <b>Lead Occupation Supervisor Certification</b> | Each company must have a certified Supervisor. Provide the name and Pennsylvania certification number of the person in this firm who holds or will hold this certification.<br><br>Name _____ PA Cert # _____  |
| <b>Signature</b>                                | I certify, under penalty of law, that the company listed above will utilize only <u>trained</u> and <u>PA certified</u> employees to perform Lead-based paint activities in the Commonwealth of Pennsylvania.<br><br>I further certify that these employees will follow the most current work practice standards established by the U.S. Department of Environmental Protection and the Commonwealth of Pennsylvania for the performance of lead-based paint activities.<br><br>Owner or Corporate Officer Name (Printed or Typed): _____<br>Owner of Corporate Officer Name (Signed): _____<br>Date Signed: _____   |
| <b>Filing Requirements</b>                      | <b>FEE SCHEDULE:</b> For an up-to-date listing of fees, please see the Fee Schedule listed on our website ( <a href="http://www.dli.pa.gov/Individuals/Labor-Management-Relations/bois">www.dli.pa.gov/Individuals/Labor-Management-Relations/bois</a> ) or contact our office for a copy of the Fee Schedule by email <a href="mailto:CALBOIS@pa.gov">CALBOIS@pa.gov</a> , by telephone at 717-772-3396 or by fax at 717-705-0196.<br><br>Make all checks and money orders payable to <b>Commonwealth of Pennsylvania</b> . Mail this application, payment and any additional documentation to:<br><br><b>PA Department of Labor &amp; Industry<br/>         Certification, Accreditation and Licensing Division<br/>         651 Boas Street, Room 1606<br/>         Harrisburg, PA 17121</b><br><br>Please direct any questions regarding certification to 717-772-3396 or <a href="mailto:CALBOIS@pa.gov">CALBOIS@pa.gov</a> . |
| <b>FOR L&amp;I USE ONLY</b>                     | Check #: _____ Amount: \$ _____ Bates #: _____   |