

Description of Business: Painting Electrical Carpentry Plumbing Heating/Cooling Flooring Roofing
 Window Company Environmental consulting _____

Any contractor (firm) that is certified or licensed in another state to perform renovation, repair and painting activities may be granted certification provided, the appropriate fee has been paid, and an individual who will be involved in the renovation, repair and painting activities has been accredited by Safe State.

Complete the information below if your company is certified in another state.

State(s)	License or Certification Number	Date of Issuance
		/ /
		/ /
		/ /
		/ /

Has your company or any of its members been barred from practice in any state? Yes No

If yes, attach details on separate sheet of paper and attach to this application.

I hereby attest and affirm that the information included on or associated with this application is true and accurate to the best of my knowledge. Falsifying or knowingly omitting any material required as part of this application is grounds for application refusal and/ or licensed suspension or revocation.

I certify and attesting that the firm, when conducting lead renovation activities, shall employ only Renovators or Sampling Technicians that are accredited by and registered with Safe State. I further certify that all Renovation, repair and painting, lead-based paint identification and/ or remediation work will be performed in accordance with the Rules of the Alabama State Board of Health Chapter 420-3-29-.01 et al.

 Print Name and Official title of Applicant

 Signature of Applicant

 Date Signed

For Program Use Only

Date received	Received by:	Check #	Receipt #	Permit Issue Date	Permit #

Comments:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
LICENSE/PERMIT APPLICANT'S DECLARATION
OF BUSINESS OWNERSHIP STRUCTURE

 Applicant (Please print or type)

 Name of establishment or facility (if different than above)

 City

 State

 Zip Code

Applicant is a (check one):

Individual	<input type="checkbox"/>	Nonprofit corporation	<input type="checkbox"/>	Municipality	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Limited Liability Corporation	<input type="checkbox"/>	County	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	State	<input type="checkbox"/>	Joint City/County	<input type="checkbox"/>

Other: _____

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provided is true and correct to the best of my knowledge.

 Printed Name

 Signature

 Date

FOR DEPARTMENTAL USE ONLY

Type of License/Permit: _____

County: _____

ADPH Employee: _____