

LEAD-BASED PAINT CONTRACTOR LICENSE APPLICATION

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT

SFN 53477 (9-2021)

## **Application Requirements**

1.	. A check or money order payable to the North Dakota Department of Environmental Quality in the amount of \$450.00.					For Office Use Only Do not write in this space	
2.	Send application to:	North Dakota Department of Environmental Quality Division of Waste Management 4201 Normandy Street, 2nd Floor		Check No			
				Check Amount			
	Bismarck, ND 58503-1324				Received		
(701)328-5166 Fax: (701)328-5200				Reviewer			
						Date Approved	
						License No	
Name of Business				Contact Person			
Address				City			
State		ZIP Code		Telephone Number			
3. Business Information:							
Has this business ever had a ND Lead-based Paint Contractor License?							
Has this business ever had any Lead-based Paint license application denied; or any Lead-based Paint license suspended or revoked by a state, federal, or local government agency?							
If applicable, on additional sheets explain all Lead-based Paint related enforcement actions taken against your company by a state, federal, or local government agency during the past two years.							
Is this I	ration with the ND Secretary business registered with the pre information on registration	ND Secreta	ary of State?	☐ Yes, ID#		🗌 No	
For more information on registration, contact the ND Secretary of State Corporate and Business Division at 701-328-4284. If your business performs Lead-based Paint removal, a ND General Contractor License is required before a ND Lead-based Paint Contractor License can be issued. If applicable, what is your ND General Contractor License number? For information about the ND General Contractor License, contact the ND Secretary of State Licensing Div. at 701-328-3665.							
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4. Services Performed by the Business: Check the appropriate service(s) your company provides and supply the name of one employee of the company certified in North Dakota to perform that service.							
Ĺ	Lead-based Paint Removal Name of Supervise		Name of Supervisor	Certific		ate No. and Expiration Date	
	cludes repair, encapsulation & enclosure ead-based Paint Inspection	,	Name of Inspector	Certific		ate No. and Expiration Date	
L	ead-based Paint Risk Asse	ssor	Name of Risk Assess	or Certific		ate No. and Expiration Date	
L	Lead-based Paint Project Design		ner Certificate No. and Expiration Date				

5. Certification:

The application must be signed by the owner, president, chairman of the board, or chief executive officer of the business. I certify that						
the information included with this application is true and accurate.						
Name (printed)	Title					
Signature	Date					