

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH- LEAD-BASED PAINT PROGRAM**

**INITIAL AND RENEWAL APPLICATION FOR BUSINESS
ENTITIES PERFORMING LEAD-BASED PAINT PROJECTS**

General Instructions: Use this form to apply for a license to perform lead-based paint activities in Nebraska.

Where the application requests information to be provided on a separate page, please attach separate page(s) to the application, and indicate the part and item number in the upper right-hand corner.

Applications will not be approved if they are incomplete, unsigned, or do not have the appropriate application fee of **\$200.00** enclosed, as required by 178 NAC 23-006. Checks or money orders should be payable to the DHHS-Lead-Based Paint Program. Applications will be processed within thirty (30) days of receipt.

Prior to applying for licensure, applicants should review the requirements of 178 NAC 23-006.

Please mail the completed application and appropriate fee to the following:

Nebraska Department of Health & Human Services
Division of Public Health- Lead-Based Paint Program
P.O. Box 95026, 301 Centennial Mall South
Lincoln, NE 68509-5026
Phone: 402-471-0386 Fax: 402-471-8833

RENEWAL APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT NO LESS THAN THIRTY DAYS PRIOR TO THE EXPIRATION DATE, TO ALLOW FOR THE PROPER REVIEW BY THE DEPARTMENT.



DIVISION OF PUBLIC HEALTH- LEAD-BASED PAINT PROGRAM

Please indicate the application type:
[] Initial application
[] Renewal application
License #: _____

INITIAL AND RENEWAL APPLICATION FOR BUSINESS ENTITIES PERFORMING LEAD-BASED PAINT PROJECTS PART A- GENERAL INFORMATION

1. Name of Business Entity: _____
Mailing Address: _____
City: _____ State/Zip: _____
Contact Name: _____ Phone: _____
Email/Web Address: _____ Fax: _____

2. Type of Business: [] Abatement Firm [] Consulting Firm [] State/Federal Agency
[] Other (Specify) _____

3. Federal ID Number: _____

4. If the business entity is organized as a sole proprietorship or partnership, please list the individual(s) comprising it and their title(s):

5. If the business entity is organized as a corporation, please list the chief executive officer and any other officers:

6. Is the business entity licensed to perform lead-based paint abatement or consulting activities in another state? Yes _____ No _____

If yes is selected, please list the business information below:

Table with 4 columns: Trade, Licensing State, License #, Expiration Date. Includes three rows of blank lines for data entry.

PART B- RENEWAL INFORMATION (Current Nebraska licensees only)

1. License Number: _____ Expiration Date: _____

PART C- WORK PRACTICES

1. Does the lead-based paint abatement firm own or have immediate access to the equipment described in the HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; and maintains owned equipment in operable condition?

Yes_____ No_____ Not Applicable_____

2. Describe the procedures that the business entity will use for handling lead-containing waste:

3. Describe the procedures that the business entity will use for cleaning-up lead abatement projects:

PART D- LICENSED EMPLOYEES

1. Please list all employees who will engage in lead-based paint abatement or consulting activities. These employees must have a current Nebraska license in a lead-based paint discipline. The use of unlicensed personnel is a violation of Neb. Rev. Stat. § 71-6329(2).

<i>Full Name</i>	<i>Social Security #.</i>	<i>Discipline</i>	<i>License #</i>	<i>Expiration Date</i>

2. If the business entity intends to contract with another licensed individual or company, please list them below:

<i>Name</i>	<i>License #</i>	<i>Expiration Date</i>
_____	_____	_____
_____	_____	_____

PART E- VIOLATIONS
(Attach additional pages as necessary)

1. Has a citation been levied against the business entity within the past ten (10) years by any federal, state, or local government agency for violations related to lead-based paint activities?

Yes_____ No_____

If Yes is selected, please provided copies of all citations levied against the business entity, including names and locations of the activities, dates, and a description of how the allegations were resolved.

PART F- VERIFICATION

Note: The chief executive officer of the business entity must sign the following statement.

I hereby verify that the foregoing information included in this application and any supplemental information attached to it is true to the best of my knowledge.

I further state that all persons who engage in any lead-based paint activities will be licensed, and I will comply with all requirements applicable under the State of Nebraska Lead-Based Paint Program Regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §§38-129, I attest as follows:

(Check only one appropriate box below)

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: _____

Signature: _____ Date: _____

Phone Number (Optional): _____ Email Address (Optional): _____