

**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.**

Please indicate the application type:

**Initial** application

**Renewal** application

License #: \_\_\_\_\_

**DIVISION OF PUBLIC HEALTH- LEAD-BASED PAINT**

**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:

<i>Trade</i>	<i>Licensing State</i>	<i>License #</i>	<i>Expiration Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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**

4. 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>

5. 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:

- 6. I have read the application or have had the application read to me;
- 7. All statements on the application are true and complete; and
- 8. I am of good character.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (Optional): \_\_\_\_\_ Email Address (Optional): \_\_\_\_\_