

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Indoor Environments Program  
PO Box 369  
Trenton, NJ 08625-0369**

**Indoor Environmental Consultant License Application  
EMPLOYEE QUALIFICATIONS:  
LEAD INSPECTORS/RISK ASSESSOR AND EVALUATION  
CONTRACTOR INFORMATION**

*Directions for Completion:*

(1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)	Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision
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You must check one of the following:

<input type="checkbox"/> The above-named applicant does not currently hold a New Jersey Department of Community Affairs Lead Evaluation Firm license. At this time, the applicant has not identified a licensed Lead Evaluation firm that they will use, but will sub-contract any lead inspection and/or risk assessment activities to a company who does hold that license.	<input type="checkbox"/> The above-named applicant does not currently hold a New Jersey Department of Community Affairs Lead Evaluation Firm license. The applicant will sub-contract any lead inspection and/or risk assessment work to the licensed Lead Evaluation firm indicated in Section I. below.	<input type="checkbox"/> The above-named applicant currently holds a New Jersey Department of Community Affairs Lead Evaluation Firm license. Complete Sections I and II below and include a notarized copy of your Lead Evaluation Firm license. Attach resumes, diplomas and a notarized copy of a current lead Inspector/Risk Assessor permit for each employee who holds that certification.
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**SECTION I - COMPANY CERTIFICATION INFORMATION**  
(Must include notarized copy of license)

Company Name	Telephone	NJ DCA Certification No.	Expiration Date	No. Years Certified
Physical Address	City		State	Zip Code
Mailing Address	<input type="checkbox"/> Same as Physical Address		City	State
Zip Code				

Has this company been issued a violation from the NJ DCA, NJ DEP, USEPA or any other Federal or State Agency?  
 Yes       No      (If yes, attach a statement describing circumstances )

**SECTION II - LEAD INSPECTOR/RISK ASSESSOR INFORMATION**  
(Include notarized copy of permits/licenses and certifications)

Certified Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	NJDOH Permit No.	NJDOH ID No.	Expiration Date	Number of Years of Relevant Experience **
	New	Existing	Inactive *					

