



## **LEAD ABATEMENT CONTRACTOR APPLICATION**

**Dear Applicant:**

As part of the review process for lead abatement certification, please specify below, the type(s) of structure(s) on which your company will be performing work, pursuant to **N.J.A.C. 5:17** .

Please check as applicable:

**Residential Structures and Public Buildings**

**Commercial Buildings and Super Structures**

Please send completed application package along with the nonreturnable fee to:

New Jersey Department of Community Affairs  
Lead Hazard Unit  
101 South Broad Street  
P.O. Box 821  
Trenton, New Jersey 08625-0821

**Phone: (609) - 633 - 6224 Fax: (609) - 943 - 5159**

**Nonreturnable application fee for lead abatement contractor certification is \$2,518.00.**

Please make the check or money order payable to “Treasurer, State of New Jersey.”

**Lead Abatement Contractor Certification, upon approval, is valid for two years.**

An electronic copy of the State of New Jersey Lead Hazard Evaluation and Abatement Code, known and cited as N.J.A.C. 5:17, may be found on our website at the following link :

[http://www.nj.gov/dca/divisions/codes/codreg/pdf\\_regs/njac\\_5\\_17.pdf](http://www.nj.gov/dca/divisions/codes/codreg/pdf_regs/njac_5_17.pdf)



\_\_\_\_\_  
New Jersey Unemployment Insurance Registration Number (If Any)

\_\_\_\_\_  
Federal Taxpayer Identification Number (If Any)

**SECTION III: COMPANY AGENT INFORMATION**

The name and address of an agent upon whom service upon the business organization may be made within the State of New Jersey. *(Must be a resident of the State of New Jersey or a corporation maintaining an office within the State of New Jersey) N.J.A.C. 5:17-2.3(b)2.*

\_\_\_\_\_  
Agent First Name, Middle Initial, Last Name

\_\_\_\_\_  
Agent Street Address (Shall be an address in the State of New Jersey)

\_\_\_\_\_  
City (Shall be a Municipality in the State of New Jersey)

\_\_\_\_\_  
Zip Code (Shall be New Jersey)

- -  
\_\_\_\_\_  
Agent Phone Number

**SECTION IV: EMERGENCY CONTACT INFORMATION**

Person shall be available for emergencies outside of working hours.

\_\_\_\_\_  
(PLEASE PRINT) Emergency Contact Name ( First, Middle Initial, Last )

\_\_\_\_\_  
(PLEASE PRINT) Emergency Contact Title

- -  
\_\_\_\_\_  
Emergency Contact Cell Phone Number

**SECTION V: OWNERSHIP INTEREST INFORMATION**

**Please list below, the information (pursuant to N.J.A.C. 5:17-2.3(b)5) for person(s) having at least 10% ownership interest in the business organization: *(use additional sheets as needed)***

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**Name ( First, Middle Initial, Last )**

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**Date of Birth (mm/dd/yyyy)**

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**Address**

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**Phone Number**

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**Name ( First, Middle Initial, Last )**

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**Date of Birth (mm/dd/yyyy)**

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**Address**

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**Phone Number**

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**Name ( First, Middle Initial, Last )**

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**Date of Birth (mm/dd/yyyy)**

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**Address**

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**Phone Number**

**SECTION VI: INFORMATION ON EMPLOYEE(S) CERTIFICATION BY STATE OF NEW JERSEY DEPARTMENT OF HEALTH (NJDOH)**

List below, the names and NJDOH certification information of all NJDOH certified lead abatement Supervisors and Workers employed by the business organization, pursuant to the provisions set forth in N.J.A.C. 5:17-2.3(b)7. *(Use additional sheets as needed)*. **Please provide legible photocopies of NJDOH certifications for all employees listed.**

\_\_\_\_\_  
Name ( First, Middle Initial, Last )

\_\_\_\_\_  
NJDOH Permit Number

\_\_\_\_\_  
NJDOH ID Number

\_\_\_\_\_  
Discipline (Worker **OR** Supervisor)

\_\_\_\_\_  
Expiration (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_  
Name ( First, Middle Initial, Last )

\_\_\_\_\_  
NJDOH Permit Number

\_\_\_\_\_  
NJDOH ID Number

\_\_\_\_\_  
Discipline (Worker **OR** Supervisor)

\_\_\_\_\_  
Expiration (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_  
Name ( First, Middle Initial, Last )

\_\_\_\_\_  
NJDOH Permit Number

\_\_\_\_\_  
NJDOH ID Number

\_\_\_\_\_  
Discipline (Worker **OR** Supervisor)

\_\_\_\_\_  
Expiration (mm/dd/yyyy)

**USE ADDITIONAL SHEETS IF NEEDED**

**SECTION VII: ADDITIONAL REQUIRED INFORMATION**

- i. **Provide a brief history of your company, including experience in performing similar or related functions within the last three (3) years. PLEASE PRINT.**

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- ii. **Disclose any previous or current penalties (Local, State or Federal) involving lead abatement charged, assessed, or paid, within the last three (3) years. PLEASE PRINT.**

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- iii. **Disclose any previous or current penalties involving the State of New Jersey Uniform Construction Code (N.J.A.C. 5:23) charged, assessed, or paid within the last three years. PLEASE PRINT.**

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**INSURANCE INFORMATION (N.J.A.C. 5:17-2.3(b)9)**

- iv. **Provide a Certificate of Liability Insurance. In addition, please include a letter from your insurance provider, stating that the insurance policy in effect meets the following statutory provision: (The citation below, may be quoted in the letter).**

**“ A minimum of \$1 million in commercial general liability coverage written on an occurrence basis without a sunset clause or provision by an entity admitted or otherwise approved to write policies in New Jersey by the New Jersey Department of Insurance and with an “A” or better rating from A.M. Best”, as set forth in N.J.A.C. 5:17-2.3(b)9.**

## APPLICANT ATTESTATION

It is hereby attested that:

- (A) all lead abatement jobs pursuant to N.J.A.C. 5:17 shall be performed only by employees certified to conduct such in the State of New Jersey.
- (B) the business organization will not employ an individual in any capacity if that individual is presently an employee of an enforcing agency.
- (C) the business organization will immediately terminate any conflict of interest with respect to any of its employees should a conflict arise subsequent to certification as a lead evaluation contractor in the State of New Jersey.
- (D) the answers given and information contained in this application are true to the best of my knowledge, and I further understand that any inaccuracy or misstatement, intentionally noted, will be cause for the rejection of the business organization application, or for the withdrawal of any lead abatement contractor certification previously issued by the Department.

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

Date: \_\_\_\_\_  
mm / dd / yyyy

Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last

Title: \_\_\_\_\_

**CONFLICT OF INTEREST STATEMENT**

That *{Firm Name}*: \_\_\_\_\_ has no proprietor, general partner, officer, director, employee, shareholder, or limited partner in the firm, employed as an official or inspector by any agency, public or private, enforcing the State Uniform Construction Code Act or employed by a public health department or agency in the State of New Jersey.

Please note that N.J.A.C. 5:17 prohibit any relationship between the lead abatement contractor at a job site and the lead evaluation contractor conducting clearance sampling at the same job site.

Pursuant to N.J.A.C. 5:17-2.3(c), each applicant for certification shall disclose in the application, any relationship with any other business organization engaged in lead evaluation and/or lead abatement or in the supply of goods, services or materials for lead evaluation or abatement or in any other work for which a permit is required pursuant to the Uniform Construction Code, N.J.A.C. 5:23, and shall further disclose all interests of any officer, partner, director, shareholder or employee in any other business organization engaged in lead evaluation and/or lead abatement, or in the supply of goods, services or materials for lead evaluation or lead abatement, or in any other work for which a permit is required pursuant to the Uniform Construction Code, N.J.A.C. 5:23.

That *{Firm Name}*: \_\_\_\_\_ acknowledges that it is economically related to the following firm(s): (list name(s) and addresses on separate page)

If the firm stated above is not economically related to another firm;

Write "NONE" here: \_\_\_\_\_

Contractor affirms that it shall neither engage in nor bid on projects conducted in New Jersey involving any economically related firm(s) listed herein without fully disclosing its relationship with the economically related firm.

That *{Firm Name}*: \_\_\_\_\_ will disclose any conflict of interest with respect to any of its employees which may arise subsequent to certification as a lead abatement contractor in the State of New Jersey.

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

mm /dd / yyyy

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

First

Middle Initial

Last

Title: \_\_\_\_\_

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