LEAD EVALUATION CONTRACTOR APPLICATION

Dear Applicant:

As part of the review process for lead evaluation certification, please specify 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 evaluation contractor certification is $2,518.

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

Lead Evaluation 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:

SECTION I: APPLICATION TYPE: (Check as applicable below)

- Initial Application
- Recertification

Please provide your firm’s certification number below if applying for recertification:

Company Certification Number: 00 _________ E (must be current, or expired less than 90 days) Pursuant to N.J.A.C. 5:17-2.4(d)1

SECTION II: COMPANY INFORMATION

Company Name (AS REGISTERED WITH THE SECRETARY OF STATE, IF A CORPORATION)

Mailing Address (shall not be only a post office box or address of agent). Pursuant to N.J.A.C. 5:17-2.3(b)1.

City

State Zip Code

____________________________ ____________________________

Phone Number Fax Number

Contact Person First and Last Name (PLEASE PRINT)

Contact Person Email Address (PLEASE PRINT)

New Jersey ‘10 Digit’ Corporate Registration Number OR Business Registration Number
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)

________________________

Agent Municipality Name ( Shall be a Municipality in 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)

Name (First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy)

Address

Phone Number

Name (First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy)

Address

Phone Number

Name (First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy)

Address

Phone Number
SECTION VI: INFORMATION ON EMPLOYEE(S) NEW JERSEY DEPARTMENT OF HEALTH (NJDOH) CERTIFICATION

List below, the names and NJDOH certification information of all NJDOH certified Lead Inspector / Risk Assessor employed by the business organization, as required pursuant to the provisions in N.J.A.C. 5:17-2.3(b)7. (Use additional sheets if needed). Please provide legible photocopies of all NJDOH certifications for all employees listed below.

<table>
<thead>
<tr>
<th>Name (First, Middle Initial, Last)</th>
<th>NJDOH Permit Number</th>
<th>NJDOH ID Number</th>
<th>License Expiration (mm/dd/yyyy)</th>
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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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

ii. Disclose any previous or current penalties (Local, State or Federal) involving lead evaluation 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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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 evaluation 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 evaluation contractor certification previously issued by the Department.

Signature:________________________________________  Date:__________________

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 evaluation contractor in the State of New Jersey.

Signature: ___________________________ Date: ___________________________

Name: ____________________________________________

First MIDDLE INITIAL Last

Title: ____________________________________________