



APPLICATION
Lead Abatement Firm Certification

The Michigan Lead Abatement Act requires individuals (firms) engaging in lead-based paint activities be certified through the Michigan Department of Health and Human Services (MDHHS) prior to conducting work.

Please type or print in ink. Illegible applications will delay processing. Send completed application to address at top of page.

Company Name: Parent Company (if applicable):
Mailing Address: City: State: Zip:
Company Owner: Title:
Work Phone: Cell Phone: Fax:
Email: Federal ID Number:

Registration(s), Certification(s), License(s), Enforcement(s), and Insurance(s)

Within the last three years have you had a license or certification suspended, denied, modified, or revoked by any state, Indian tribe, or U.S. EPA? Yes
If yes, please explain on a separate sheet of paper and include in application. No

Are you a licensed builder in the State of Michigan? Yes
If yes, please provide license number. No

Does the company carry lead liability insurance? (Requirements for insurance are made by the person or entity funding the project. This is not required for certification). Yes
If yes, please enclose a copy of insurance policy/certificate. No

Is the company considered a sole proprietor? Yes
If no, then a copy of a current Michigan Workers' Compensation insurance policy or certificate must be enclosed. No

OFFICIAL USE ONLY
MI Lead Certification No.
Received By:
Date:



Certified Lead Professionals

Please list all employees who will be engaged in lead-based paint activities.

Full Name	Soc. Sec. No.	Discipline	MI Cert. No.	Expiration Date
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Certification Fees

Please indicate total fees enclosed. Certification fees are pro-rated based on the month submitted. All Lead Abatement Firm certifications expire December 31 each year. **Fees are non-refundable.**

Lead Abatement Firm	TOTAL FEES (Dec-May)	TOTAL FEES (Jun-Nov)	TOTAL FEES (Renewal)	TOTAL
Initial Application	\$320	\$210	x	\$
Renewal Application	x	x	\$220	\$
Renewal Late Fee*				
<i>*Applies to renewal applications received after January 1.</i>	x	x	\$25	\$

<i>Make checks payable to the State of Michigan</i>	TOTAL AMOUNT ENCLOSED	\$
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Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application may result in immediate denial or revocation of MDHHS certification. As a condition of certification, I hereby agree to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. **Violation of any of these may result in denial, fines, or revocation of MDHHS certification.**

Applicant Name _____ Signature _____ Date _____

Your company name and number will be advertised on the State of Michigan website as a lead abatement services provider.