

Dear Applicant:

As part of the review process for lead evaluation and abatement work, we are requesting that you specify the type(s) of structure(s) on which your company will be performing work.

Please note that in order for your firm to conduct lead evaluations on Commercial Buildings and Super Structures, you must employ an individual licensed by the New Jersey Department of Health as a supervisor in that discipline.

Please check the following which apply:

_____ **Residential Structures and Public Buildings**

_____ **Commercial Buildings and Super Structures**

Send application package to:

New Jersey Department of Community Affairs
Asbestos / Lead Safety Unit
101 South Broad Street
P.O. Box 816
Trenton, New Jersey 08625-0816

Effective March 2, 2009 the non-refundable fee for this certification is \$2,268.00. Please make your check payable to "Treasurer, State of New Jersey." If approved, the certification period will be for two years.

A subscription to N.J.A.C. Title 5 which contains the NJ lead regulations at N.J.A.C. 5:17 can be obtained from West Publishing at 1-800-328-9352. For a copy of the current N.J.A.C. 5:17 only, please send a check for \$3.00, made out to "Treasurer, State of New Jersey," with the notation "for Lead Regulations" to DCA Publications P.O. Box 802, 101 South Broad St., Trenton, NJ 08625-0802. Phone # (609)984-0040, Ask for Publications.

The Asbestos/Lead Safety Unit's telephone number is (609) 633-6224 and fax number is (609)633-1040.

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES

APPLICATION
LEAD HAZARD CONTRACTOR

SECTION I. APPLICATION TYPE: *(Please Check)*

- Lead Evaluation Contractor Lead Abatement Contractor
- Certification Fee Enclosed _____ Certification Fee Enclosed _____
- Recertification Fee Enclosed _____ Recertification Fee Enclosed _____

{Company ID # is required if application is for recertification}

{COMPANY ID # _____}

{COMPANY ID # _____}

SECTION II: COMPANY INFORMATION

Company Name

Correspondence Street Number and Name

Correspondence City

Correspondence State

Zip Code

(_____) _____
Correspondence Phone Number

Correspondence E-Mail Address

(_____) _____
Correspondence Fax Number

Federal Taxpayer ID Number

List all State(s) of registry for the corporation including New Jersey:

1. _____
2. _____
3. _____
4. _____

Unemployment Insurance Registration Number

New Jersey Corporate Registration Number

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)*

Agent Contact Name

Agent Contact Street Number and Name

Agent Contact City

Agent Contact Zip Code

(_____) _____
Agent Contact Phone Number

SECTION IV: EMERGENCY CONTACT INFORMATION

Person shall be available for emergencies outside of working hours and expect to receive standard correspondence from the Department.

Emergency Contact Name {First, M.I., Last}

Emergency Contact Title

(____) _____
Emergency Contact Phone Number (Must be different than company phone number)

(____) _____
Emergency Contact Cell/Pager Number

SECTION V: OWNERSHIP INTEREST INFORMATION

Person(s) with at least 10% ownership interest in firm: *(use additional sheets as required)*

Name {First, Last, M.I.}

Date of Birth

Date Ownership Effective

Name {First, Last, M.I.}

Date of Birth

Date Ownership Effective

SECTION VI: NJ DOH INDIVIDUALS INFORMATION

List names and NJ DOH certifications and numbers of all NJ DOH Lead Inspectors, Risk Assessors, Supervisors and Workers employed by the firm N.J.A.C. 5:17-2.3(b)7. *(Use additional sheets as required)* **Please provide legible photo copies of all NJ DOH Certifications for all people employed by your firm.**

Name {Last, First, M.I.}

Permit Number

ID Number

Discipline

Salary

SECTION VII: ADDITIONAL INFORMATION

- 8. Information regarding financial integrity of firm. If ordinarily prepared for other purposes, submit current reviewed financial statement prepared by an independent certified public accountant.
- 9. List firm's capability to perform the required testing and sampling, the type and amount of equipment available, and the personnel to perform it. *(Use additional sheets as required)*

Please acknowledge that you are aware that all clearance samples must be analyzed at a laboratory participating in the NLLAP program or an equivalent independent national accreditation program by initialing in the space provided. _____.

If your firm is an abatement contractor and does not perform testing and sampling, please state that in your reply.

If you are applying for a Lead Abatement Contractor Certification for Residential and/or Public Buildings, please acknowledge that your firm will not have any relationship with the lead evaluation firm that will conduct clearance sampling used to obtain a clearance certificate from the local enforcing agency for lead abatement projects by initialing in the space provided. _____.

10. If applicable, list the name and laboratory certification number of the laboratory most frequently used for evaluating samples. N.J.A.C. 5:17-3.3(b). *(Use additional sheets if required)*

Name of Laboratory

Address of Laboratory

Certification Number

11. Describe the firm’s policies and procedures to provide continuing education for NJ DOH certified personnel. If you are in compliance with NJ DOH regulations N.J.A.C. 8:62, you must state so in your reply. *(Use additional sheets as required)*
12. Provide a brief history of the firm including experience in performing similar or related functions. Follow all of the requirements set forth in N.J.A.C. 5:17-2.3(b)6.
13. Disclose any previous or current criminal or administrative penalty (local, state or federal) charged, assessed or paid, during the prior performance of lead work or similar contracting services.
14. Describe in detail the ability of the firm to review plans specification for release to the administrative authority having jurisdiction. Note any procedure or cooperative agreement with architectural, engineering or other firms to perform structural work necessary to stabilize substrates. N.J.A.C. 5:23. *(Use additional sheets as required)*
15. Submit a Certificate of Liability Insurance, and a letter from an insurance agent stating that the insurance policy in effect meets the requirement set forth in N.J.A.C. 5:17-2.3(b)9. “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”.
16. Provide an organizational chart of the firm indicating the names of the people holding each job title listed.
17. It is hereby certified:

- {A}** That all technical jobs (inspection, risk assessment, abatement and testing) are and shall continue to be performed only by the personnel who are properly certified in accordance with N.J.A.C. 5:17 and New Jersey Department of Health regulations.
- {B}** That a supervisor certified by the New Jersey Department of Health shall be on each abatement job site during all abatement activities, including but not limited to erecting containment, abatement and tear down of containment materials.
- {C}** That neither the firm nor its principals have been convicted of any crimes; or that if they have been so convicted, the date, nature and disposition of those crimes is disclosed in an addendum to this application.
- {D}** That 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 made, is cause for the rejection of my application, or for the withdrawal of any authorization previously given, by this Bureau.

CONFLICT OF INTEREST STATEMENT

- {E}** That *{Firm Name}*: _____ has no proprietor, general partner, officer, director, employee, or 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.

Please note that N.J.A.C. 5:17 does not allow any relationship between the abatement contractor and the evaluation firm conducting clearance sampling at the same job site.

That 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 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 firms: *{list on a separate sheet of paper if applicable}*, if 'none', write 'none' in space provided: _____. Contractor affirms that it shall neither engage in nor bid on projects conducted in New Jersey involving any economically related firms herein listed without fully disclosing its relationship.

That *{Firm Name}*: _____ contractor shall promptly update the contents of this item as necessary or periodically as the department requests.

{F} If both an abatement contractor and evaluation contractor, sign the following.

{Firm Name}: _____ has no proprietor, general partner, officer, director, employee, or shareholder or limited partner in the firm employed by a public health department or agency in the State of New Jersey.

If *only* an evaluation contractor, sign the following. *{If Applicable}*

{Firm Name}: _____ has the following proprietors, general partners, officers, directors, employees, or shareholders or limited partners in the firm employed by a public health department or agency in the State of New Jersey, and shall not engage in the business of lead evaluation within the area of jurisdiction of the public health department or agency by which any such person is employed and shall not have any relationship to any individual or business firm performing lead abatement services.

<u>Name of person so employed</u>	<u>Jurisdiction of employment</u>
_____	_____
_____	_____
_____	_____

{G} That this firm will disclose any conflict of interest with respect to any of its employees which may arise subsequently to this authorization.

Signed: _____ Date: _____

Name: _____ Title: _____