



## **LEAD ABATEMENT CONTRACTOR APPLICATION**

**Dear Applicant:**

Please specify the type(s) of structure(s) on which your company will be performing work.

Check herewith below 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**

Please note that effective October 6, 2014, the **nonreturnable application fee for lead abatement contractor certification is \$2,518.00.**

Please make the nonreturnable application fee 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 DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF CODES AND STANDARDS**

**LEAD ABATEMENT CONTRACTOR APPLICATION**

**SECTION I: APPLICATION TYPE:** *(Please check as applicable below)*

**Initial Certification**

**Recertification**

*Please provide certification number below if applying for recertification:*

**Company Certification Number :** \_\_\_\_\_

**SECTION II: COMPANY INFORMATION**

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

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

(    ) \_\_\_\_\_ - \_\_\_\_\_  
**Phone Number**

(    ) \_\_\_\_\_ - \_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Contact Person E-Mail Address**

\_\_\_\_\_  
**New Jersey 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)*

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Street Number and Name

\_\_\_\_\_  
Agent City

\_\_\_\_\_  
Agent Zip Code

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

**SECTION IV: EMERGENCY CONTACT INFORMATION**

Person shall be available for emergencies outside of working hours.

\_\_\_\_\_  
Emergency Contact Name {Last, First, Middle Initial}

\_\_\_\_\_  
Emergency Contact Title

( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Phone Number (Must be different from the business organization's 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 a 10% ownership interest in the business organization: *(use additional sheets as needed)***

---

**Name { First, Last, Middle Initial }**

---

**Date of Birth**

---

**Address**

---

**( ) - -  
Phone Number**

---

**Name { First, Last, Middle Initial }**

---

**Date of Birth**

---

**Address**

---

**( ) - -  
Phone Number**

---

**Name { First, Last, Middle Initial }**

---

**Date of Birth**

---

**Address**

---

**( ) - -  
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 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 {Last, First, Middle Initial}

---

Permit Number

---

ID Number

---

Discipline (Worker OR Supervisor)

---

Date of Certificate Expiration

---

---

Name {Last, First, Middle Initial}

---

Permit Number

---

ID Number

---

Discipline (Worker OR Supervisor)

---

Date of Certificate Expiration

---

---

Name {Last, First, Middle Initial}

---

Permit Number

---

ID Number

---

Discipline (Worker OR Supervisor)

---

Date of Certificate Expiration

**SECTION VII: ADDITIONAL REQUIRED INFORMATION**

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

**PLEASE RESPOND TO THE ABOVE ON A SEPARATE PAGE**

- 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 RESPOND TO THE ABOVE ON A SEPARATE PAGE**

- 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 RESPOND TO THE ABOVE ON A SEPARATE PAGE**

- iv. **Provide a Certificate of Liability Insurance. In addition, please provide a letter from an insurance agent stating that the insurance policy in effect meets the following statutory provision:**

**“ 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 certified 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 abatement 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.

Signed: \_\_\_\_\_

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

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

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 prohibits 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 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" 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.

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

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

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