



RI Department of Health

Application and Instructions for:

Lead Worker

Applicant Name – Please Print

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$30.00 (thirty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	(A) Copy of certificate(s) indicating successful completion of an initial training course approved in accordance with Subsection 18.7(a) and (B) Proof of successful completion of both written and practicum examinations required by Section 15.7; and (C) Copy of blood test results documenting compliance with the medical monitoring requirements specified in Section 13.13
-------------------------------	--

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:

<https://healthri.mylicense.com/Verification>

<p>Enforcement Actions in Other Jurisdictions:</p> <p>If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.</p>	<ol style="list-style-type: none"> Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend any lead hazard reduction worker license and/or other authorization to perform lead hazard reduction held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties in conjunction with any lead hazard reduction activity performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any lead hazard reduction activity performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date of Signature (MM/DD/YY)</p>