



# Lead Firm Certification Application

## Instructions

### NOTICE:

- Please send separate payments for lead and asbestos application fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the application in black or blue ink only.

**Allow 2-4 weeks for processing.**

Include a business check, cashier's check or money order made payable to the Minnesota Department of Health (MDH).

**No cash or personal checks accepted.**

**A service fee is charged for returned checks.**

**Fees are nonrefundable.**

- **\$100** fee for lead firm certification

Mail to

Minnesota Department of Health  
Asbestos/Lead Compliance Unit  
PO Box 64497  
St Paul, MN 55164-0497

For questions or more information, call 651-201-4620 or visit the [MDH website:](https://www.health.state.mn.us/communities/environment/lead/index.html)  
<https://www.health.state.mn.us/communities/environment/lead/index.html>

# Tennessee Warning

## For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

## For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

## For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



## Lead Firm Certification Application

### Lead Firm Information

1. Company Name \_\_\_\_\_
2. Minnesota Business Identification Number \_\_\_\_\_  
Required by MN Statutes, §270C.72
3. Federal Employer Identification Number \_\_\_\_\_  
Required by MN Statutes, §270C.72
4. Business Address \_\_\_\_\_
5. City \_\_\_\_\_
6. State \_\_\_\_\_
7. Zip Code \_\_\_\_\_
8. County \_\_\_\_\_
9. Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_
10. Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_
11. Email \_\_\_\_\_
12. Name of Business Contact \_\_\_\_\_

### Workers Compensation Insurance Information

(Fill or **ONLY 13 OR 14**)

13. Company has Workers Compensation Insurance

13a. Insurance Company \_\_\_\_\_

13b. Policy Number \_\_\_\_\_

13c. Start Date \_\_\_\_\_

13d. End Date \_\_\_\_\_

OR

To obtain this information in a different format, call: 651-201-4620.

LEAD FIRM CERTIFICATION APPLICATION

14. Company is exempt from Workers Compensation Insurance by MN Statutes §176 because (Check only **ONE** of the following)
- I have no employees OR I have no employees working in Minnesota
  - I am self-insured
  - I have no employees who are covered by the workers compensation law

Check all that apply to be listed on MDH’s website

Consultant (performs paint inspections, risk assessments, clearance inspections)  
Name of risk assessor \_\_\_\_\_ License number \_\_\_\_\_

Contractor (performs lead abatement)  
Name of lead supervisor \_\_\_\_\_ License number \_\_\_\_\_

Contractor-Lead Orders (performs lead abatement for orders from MDH, City of Minneapolis, etc.)  
Name of lead supervisor \_\_\_\_\_ License number \_\_\_\_\_

Signature

I provided true and complete information. I understand MDH’s Tennessen Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY