



Lead Hazard Reduction Notice

Instructions

Fill in the notice in black or blue ink only.

You must notify the Minnesota Department of Health (MDH) at least five calendar days before beginning any lead hazard reduction work.

Fax to

Minnesota Department of Health
Asbestos/Lead Compliance Unit
651-201-4606

OR

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.



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Type of Notice

1. Check only ONE notice type:

Initial Amendment Cancellation

2. Was the work ordered by a public health agency? Yes No

3. If YES, which agency?

MDH Bloomington Edina Minneapolis Dakota Co

Hennepin Co St. Louis Co St. Paul/Ramsey Co Stearns Co

Person Performing Lead Hazard Reduction

FILL IN ONLY A OR B

A. For Property Owners Conducting Lead Hazard Reduction

Property Owner Name: _____

Property Owner Address: _____

City: _____ State _____ Zip _____

Telephone Number: (_____) _____

Signature of Property Owner: _____

Date: (MM/DD/YYYY) _____

B. For Lead Certified Firms Conducting Lead Hazard Reduction

Company/Sole Proprietor Name: _____

Certification Number: _____

Company/Sole Proprietor Address: _____

City: _____ State _____ Zip _____

Telephone Number: (_____) _____

Lead Supervisor: _____ License Number: _____

Lead Supervisor Telephone Number (_____) _____

Work Site Information

Building Name: _____

Site Address: _____

City: _____ State _____ Zip _____

Property Owner Name _____

Property Owner Telephone Number: (_____) _____

Work Site Contact _____

Work Site Contact Telephone Number: (_____) _____

Work Activities

Check all that apply:

Interior Lead Hazard Reduction

SMALL AREA (Removing ≤ 2 ft² AND all work including clearance done in one working day)

Doors Windows Walls Floors Porch Other _____

LARGE AREA (Removing > 2 ft²)

Doors Windows Walls Floors Porch Other _____

Exterior Lead Hazard Reduction

SMALL AREA (Removing ≤ 20 ft² AND all work including clearance done in one working day)

Doors Windows Siding Porch Other _____

LARGE AREA (Removing > 20 ft²)

Doors Windows Siding Porch Other _____

Work Activity Dates

Start Date (MM/DD/YYYY) _____ Start Time _____ AM PM

End Date (MM/DD/YYYY) _____ End Time _____ AM PM

Signature

I confirm that the above information is true and correct and all work will be performed according to MN rules, chapter 4761.

Signature _____ Date (MM/DD/YYYY) _____