



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
**Lead Abatement Contractor and  
Lead Consultant Contractor License  
Reinstatement Application**

**General Policies and Procedures**

**IMPORTANT:** THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED “WALK-IN” MEETINGS. FOR QUESTIONS, PLEASE EMAIL: [dph.ehlicensing@ct.gov](mailto:dph.ehlicensing@ct.gov)

1. Fees

The fee for an initial license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Personal licenses are renewed in the **first** birth month immediately following the issuance of licensure, *(even if it is in the same year)* and annually thereafter. The full renewal fee will be required regardless of the date of initial licensure.

No personal checks are accepted. Please remit the application fee, by CERTIFIED CHECK or MONEY ORDER ONLY, payable to, “TREASURER, STATE OF CONNECTICUT” in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for one year, after which they will be destroyed in accordance with the agency’s record retention schedule.

2. Status Checks

It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: <https://www.elicense.ct.gov/> or email: [dph.ehlicensing@ct.gov](mailto:dph.ehlicensing@ct.gov)

3. License Issuance

After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the licensee shall receive written verification of the license number and the effective date. The three part licensing documents shall be sent to the licensee's address of record within 4-6 weeks after approval.

4. Requirements

License requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current licensing requirements.

5. Examinations

Licensing examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

## Requirements

1. A completed, notarized application, and fee of \$625.00 (*certified check or money order*) payable to “Treasurer, State of Connecticut”
2. Print a copy of the *certificate of authority* from The Secretary of the State (SOTS) website:  
<https://www.concord-sots.ct.gov/CONCORD/online?sn=PublicInquiry&eid=9740>
3. Reinstatement: Please affirm in the presence of a notary that you have not worked in this state in the discipline for which you are applying since your certification expired.

Mail to:

**Connecticut Department of Public Health  
Environmental Licensing  
410 Capitol Avenue - MS # 12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308**



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
LEAD Abatement Contractor &  
LEAD Consultant Contractor License  
Reinstatement Application**

*APPLICATION MUST BE TYPEWRITTEN. HANDWRITTEN APPLICATIONS WILL BE RETURNED*

**REINSTATEMENT CT Credential No:** \_\_\_\_\_

**Application Fee: \$625.00**

**Discipline:** *If applying for more than one discipline, please submit a separate application with fee for each.*

- LEAD ABATEMENT CONTRACTOR:** conduct lead hazard reduction by means of abatement, including but not limited to encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead.
- LEAD CONSULTANT CONTRACTOR:** conduct lead hazard reduction consultation work utilizing a lead inspector, lead inspector/risk assessment, and/or planner-project designer.

**Company:** *include a certificate of authority from the Secretary of the State (SOTS)*

Company Name: \_\_\_\_\_

SOTS Business ID#: \_\_\_\_\_

Federal Employee Identification Number (FEIN) \_\_\_\_\_

**Name and Mailing Address:** *How you or your company name and address will appear on your official license, your address of record for all mailings and releasable information pursuant to Freedom of Information requests.*

Name on License: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPANY OFFICERS:** *(Current principal officers, partners or owners, and legal addresses, NOT a post office box)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percent Ownership: \_\_\_\_\_

**OTHER NAMES, ACRONYMS OR IDENTIFIERS:** *List all names, dba's, acronyms or other identifiers by which the applicant is known or has done business.*

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**FINANCIAL INTEREST OF COMPANY OFFICERS:** *List name and legal address of all lead abatement entities of which the applicant's officers, partners or owners have a financial interest.*

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**RACE/ETHNIC DATA:** *(This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)*

- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK: Persons having origins in any of the black racial groups of Africa.
- HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**STATEMENT OF PROFESSIONAL HISTORY**

- A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work?  YES  NO
- B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?  YES  NO
- C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?  YES  NO
- D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?  YES  NO
- E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?  YES  NO

*If you answer “yes” to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.*

- F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?  YES  NO

*If “yes” to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.*

- G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?  YES  NO

*If “yes” to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.*

**CREDENTIALS IN OTHER STATES/TRIBES:** List all states (other than Connecticut) and tribes where you have or have had a credential in any lead abatement discipline. Provide a copy of other states' current license(s).

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION DATE

**PERSONNEL:** List the numbers of **ALL** your personnel for each job category (employee names not required). Include all employees, not only those involved in lead abatement or consultation. Use N/A for none

Lead Abatement Worker	_____	Lead Inspector/Risk Assessor	_____
Lead Abatement Supervisor	_____	Lead Planner-Project Designer	_____
Lead Inspector	_____	Other (administrative, etc.)	_____

**EQUIPMENT OWNED BY APPLICANT:** Provide documentation of all technical equipment for lead abatement and/or consultant work owned by the applicant. For example, indicate HEPA-filtered vacuum cleaners, ventilation systems, portable decontamination units, respirators, XRF units (listed by manufacturer and model) and other significant equipment necessary for lead hazard identification and remediation work. If the company does not own any equipment, please explain.

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**NOTARIZATION:**

\_\_\_\_\_ attests that the above statements contained herein are true and correct,  
*Applicant's Name*  
and furthermore that all present and future employees who require certification by the department pursuant to Section 20-476 of the Connecticut General Statutes will be so certified.

The above applicant attests that records on health monitoring tests as described in subsection (d) (2) (A) of section 19a-111-6 of the regulations of Connecticut State Agencies will be maintained for two (2) years for supervisors and workers; that the following information will be retained for a minimum of three (3) years from completion of each lead abatement project: the lead abatement plan including any deviations from the plan and the reasons for such changes or verification that no deviations occurred; starting and completion dates of the project; the names, signatures, and certificate numbers of all abatement supervisors; the letter of compliance; copies of all residual dust level analysis results on samples collected for re-occupancy clearance; copies of all hazardous waste manifests; and that all inspection reports, forms and related data will be retained for a minimum of three(3) years from the issuance of such reports.

The applicant attests that copies of all records described above will be submitted to the Department of Public Health no later than (10) working days following receipt of the department’s request for such information; and that all lead related activities will be conducted in accordance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies.

The applicant understands that the information listed above is subject to disclosure requirements developed pursuant to Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992.

The applicant attests that since their State License expired, they have not worked in Connecticut in the discipline for they are applying for reinstatement with this application.

\_\_\_\_\_, *Signature of Applicant, Authorized Agent* / *mm* / *dd* / *yyyy*. Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

in the year \_\_\_\_\_. \_\_\_\_\_, *Signature of Notary Public* \_\_\_\_\_, *Commission Expiration*

Application fee: \$625.00 payable to, **“Treasurer, State of Connecticut”** (*certified check or money order*)

Mail to:

CT DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL LICENSING  
410 CAPITOL AVENUE, MS# 12MQA  
P.O. BOX 340308  
HARTFORD, CT 06134-0308