



LEAD-BASED PAINT CERTIFICATION

Application/Receipt/Invoice for Firms

1) Type of application? (Pick only one)

Initial Firm

Renewal Firm

2) Firm Name _____

Owner _____

Business Address _____

City _____ State _____ Zip _____ County _____

Phone # () _____ Fax # () _____ E-mail _____

3) Lead-Based Paint Services Manager information:

Name _____ Title _____
Last First Middle

Employer _____ Business Address _____
(If different from above Firm)

City _____ State _____ Zip _____

Office Phone # () _____ Fax # () _____

4) **Employee(s) Information:** Attach additional sheets if needed.

Indicate in which of the Lead-Based Paint disciplines each employee who is currently certified by the DEQ. (Inspector, Risk Assessor, Supervisor, Project Designer and/or Abatement Worker).

Name _____ Discipline _____
Last First Middle

Name _____ Discipline _____

Name _____ Discipline _____

STATEMENT OF UNDERSTANDING:

I hereby certify under penalty of law that this application and any attachments contain neither willful nor negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application. I certify that as a Certified Lead-Based Paint Firm I will comply with all requirements established in OAC 252:110., CNCA 12, 1201, Section 601.

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE RETURN APPLICATION TO:

Cherokee Nation
Environmental Programs
P. O. Box 948
Tahlequah, OK 74465
(918) 453-5009