

**Lead-Based Paint Firm
Renewal Application Form**



Please remit renewal application form and applicable fees by **due date** to the following address:

**EPD – Lead-Based Paint Program
Post Office Box 101896
Atlanta, Georgia 30392**

1. Type of Renewal

DISCIPLINE	CERTIFICATION NUMBER	RENEWAL FEE
Lead Firm		\$350.00

2. Company Information

President/Owner Last Name	First Name	MI
Company Name		
Street Address		
City	State	Zip
Phone Number ()	Fax Number ()	
Primary Contact Name	Phone Number ()	
E-Mail Address		
Web Site Address		

3. Applicant Verification of Information

As a certified Lead Firm, I will only employ EPD Lead Certified individuals to conduct lead-based paint activities and will maintain all records pursuant to the requirements of Georgia Lead-Based Paint Abatement, Certification and Accreditation, Chapter 391-3-24.

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that the submitted information is true, accurate and complete.

Signature of Company Owner/President

Date

For Program Use Only			
Received By:	Date Received:	Check Number:	Check Amount:
Deposit Number:	Deposit Date:	Certification Number:	

**LEAD-BASED PAINT FIRM
DISCLOSURE STATEMENT**

Statement Completed Date: _____

TO: Georgia EPD Lead-Based Paint and Asbestos Program

FROM: _____

SUBJECT: Renewal Disclosure Statement for _____

I/we the undersigned hereby state that the above referenced firm **has / has not** been
(CIRCLE ONLY ONE)
subject to any action taken by EPA or any EPA authorized program (including all other
states, territories and tribes) involving violations, suspensions, revocations, or
modifications of this firms' activities per Rule 391-3-24-.05(2)(f)2(ii).

Action Taken (continue on attached pages if needed): _____

Falsifying or knowing omission of any material required as part of this statement is grounds for application refusal and/or license suspension or revocation. I/we certify under penalty of law that I/we have personally examined and am familiar with the information submitted in this statement and that the submitted statement is true, accurate and complete.

Printed Name & Official Title of Person Completing Form

Signature of Person Completing Form