

Company Information			
Company Name:	Physical Address:	Phone:	
		Cell:	
		Fax:	
		Email:	
Business Structure: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	Mailing Address:	SIC Code:	
CCB Registration Number:	Tax ID Number:	Specialized Area of Work:	
Expiration Date:			
Training Certificates		Licenses	
1.		1.	
2.		2.	
3.		3.	
Principals of Company			
1. Name:		2. Name:	
Title:		Title:	
Phone:		Phone:	
Email:		Email:	
References - Two recently completed renovation or lead abatement projects and one credit reference from a vendor			
Project 1	Project 2	Vendor Reference	
Name:	Name:	Name:	
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Contact Name:	Contact Name:	Contact Name:	
Date Job Completed:	Date Job Completed:	Date Job Completed:	
Submissions with Application			
1. Licenses <input type="checkbox"/>	2. Training Certificates <input type="checkbox"/>	3. Company Insurance <input type="checkbox"/>	4. ODHS Lead Based Paint Permit <input type="checkbox"/>

I certify that all information contained in this application is true and correct to the best of my knowledge.

Authorized Signature *Print name* *Title* *Date*

Authorized Signature *Print name* *Title* *Date*