



# LEAD ACTIVITY FIRM INITIAL / RENEWAL APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-865-3233 www.kshealthyhomes.org

## GENERAL INFORMATION

An entity shall make applications and be licensed by the Kansas Department of Health & Environment as a Lead Activity Firm prior to conducting lead-based paint activities such as Abatement, Lead Inspections, Risk Assessments, Project Designs, or training activities.

A **complete application** includes:

1. A completed *Lead Activity Firm Application* form
2. A check or money order for the amount of \$500.00 (Initial) or \$250.00 (Renewal) made payable to KDHE/LEAD for the non-refundable licensure fee as specified in K.A.R. 28-72-3 unless the firm is exempt under K.A.R. 28-72-10 (b)(2)(B)
3. A list of all KDHE certified employees performing lead-based paint activities including certificate number. (if applicable)
4. Copies of all current lead activity firm licenses in other states or EPA regions.
5. A copy of the firm's registration and/or fictitious name registration with the Kansas Secretary of State's office. (if applicable) If #5 is not applicable, written verification that the firm is not required to be registered.

• **Please type or print legibly.**

• **Mail completed application to:**

Kansas Department of Health & Environment,  
Attn: Lead Poisoning Prevention Program, Curtis Building,  
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

• **Please check all that apply:**     **Initial \$500.00**         **Renewal \$250.00**

### KDHE USE ONLY

Application \_\_\_\_\_  
 Employee List \_\_\_\_\_  
 Other License \_\_\_\_\_  
 Provided \_\_\_\_\_  
 Registered Sec of State \_\_\_\_\_  
 Exemption Letter Exempt: \_\_\_\_\_  
 Payment: \_\_\_\_\_  
 Check #: \_\_\_\_\_

## PART A. BUSINESS INFORMATION

BUSINESS OR ORGANIZATION NAME		FEDERAL EMPLOYEE ID NUMBER (if applicable) or SOCIAL SECURITY NUMBER (if sole proprietor)			
BUSINESS OWNER(S) NAME	STREET	CITY	STATE	ZIP	TELEPHONE NUMBER (____) _____ - _____

## LEAD-BASED PAINT ACTIVITIES CONDUCTED (check all that apply)

- Lead Abatement     EBL Inspections     Risk Assessments     Project     Lead Inspections
- Training Provider

## PART B. CERTIFICATION

I hereby certify that as a licensed lead activity firm, partnership, corporation, sole proprietorship, association, governmental agency, or other business entity on this application shall:

1. Only employ certified employees to conduct lead-based paint activities, and
2. Ensure that its employees follow work practice standards for lead-based paint activities specified in K.A.R. 28-72-13 through K.A.R. 28-72-21

AUTHORIZED SIGNATURE (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)	DATE
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