LEAD-BASED PAINT CONTRACTOR LICENSE APPLICATION
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT
SFN 53477 (9-2021)

Application Requirements

1. A check or money order payable to the North Dakota Department of Environmental Quality in the amount of $450.00.

2. Send application to: North Dakota Department of Environmental Quality Division of Waste Management 4201 Normandy Street, 2nd Floor Bismarck, ND 58503-1324 (701)328-5166 Fax: (701)328-5200

Name of Business
Contact Person

Address
City

State
ZIP Code
Telephone Number

3. Business Information:

| Has this business ever had a ND Lead-based Paint Contractor License? | ☐ Yes, license Number __________ | ☐ No |
| Has this business ever had any Lead-based Paint license application denied; or any Lead-based Paint license suspended or revoked by a state, federal, or local government agency? | ☐ No ☐ Yes, if yes, attach additional sheets explaining the situation |

If applicable, on additional sheets explain all Lead-based Paint related enforcement actions taken against your company by a state, federal, or local government agency during the past two years.

Registration with the ND Secretary of State is required before a ND Lead-based Paint Contractor License can be issued.

Is this business registered with the ND Secretary of State? ☐ Yes, ID# ________ ☐ No

For more information on registration, contact the ND Secretary of State Corporate and Business Division at 701-328-4284.

If your business performs Lead-based Paint removal, a ND General Contractor License is required before a ND Lead-based Paint Contractor License can be issued. If applicable, what is your ND General Contractor License number? ____________

For information about the ND General Contractor License, contact the ND Secretary of State Licensing Div. at 701-328-3665.

4. Services Performed by the Business:

| ☐ Lead-based Paint Removal (includes repair, encapsulation & encalender) | Name of Supervisor | Certificate No. and Expiration Date |
| ☐ Lead-based Paint Inspection | Name of Inspector | Certificate No. and Expiration Date |
| ☐ Lead-based Paint Risk Assessor | Name of Risk Assessor | Certificate No. and Expiration Date |
| ☐ Lead-based Paint Project Design | Name of Project Designer | Certificate No. and Expiration Date |

5. Certification:

The application must be signed by the owner, president, chairman of the board, or chief executive officer of the business. I certify that the information included with this application is true and accurate.

Name (printed) __________________________ Title __________________________

Signature __________________________ Date ____________

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Check No.____________________
Check Amount______________
Received__________________
Reviewer__________________
Date Approved______________
License No._______________