



DELEADER SUPERVISOR APPLICATION

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ and 453 CMR 6.00)

Initial application Renewal application Duplicate application issue

License number _____ Date _____ Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

Section 1: Applicant information

Name _____ Social Security Number _____ Date of birth _____

Address _____ Phone _____

City/Town _____ State _____ Zip _____

Email address _____

Mailing address (if different) _____

City/Town _____ State _____ Zip _____

Employer _____

Section 2: Attachments to be submitted with the application:

- Original lead training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(c), and/or 454 CMR 22.08(4)(f). Original training certificates will be returned after review of the application
- For an initial application, proof that the applicant has successfully passed the DLS Third Party Exam.
- A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- A signed physician's statement, as set forth at 454 CMR 22.09(4)(f).
- The results of all blood lead and zpp monitoring conducted on the applicant in the three-month period prior to application, including at least one blood lead and one zpp result.
- A money order or certified bank check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee of \$150.00 for initial or renewal license, or \$45.00 for a duplicate license. If the Director denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.15, the payment is not refundable.

Section 3: Payment of tax obligations and Statement of Compliance

I, _____ (Print name) do hereby certify, that I have complied with all laws of the Commonwealth (PRINT NAME) relating to taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), that I have read and understand the Commonwealth of Massachusetts Deleading and Lead-Safe Renovation Regulations, 454 CMR 22.00. I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DLS.

Signed under the penalties of perjury,

Signature _____ Date _____

Applicants for certification shall apply in person at one of the DLS offices listed below:

Monday-Walk-in service: 9am to 3pm	19 Staniford St., 2nd Floor, Boston, MA 02114 617-626-6960
Tuesday-Walk-in service: 1st Tuesday of the month, 9am to 3pm	1 Federal St., Building 101, 3rd Floor, Springfield 01105 413-781-2676
Wednesday-Walk-in service: 9am to 3pm	4 Summer St., Room 212, Haverhill, MA 01830 978-372-9797
Thursday-Walk-in service: 2nd Thursday of the month, 9am to 3pm	1213 Purchase St., New Bedford, MA 02740 (Enter through Maxfield St.) 508-984-7718
Friday-Walk-in service: 3rd Friday of the month, 9am to 3pm	167 Lyman St., Westborough, MA 01581 508-616-0461

REPORTING PHYSICIAN'S STATEMENT

Pursuant to the Department of Labor Standards' *Deleading and Lead-safe Renovation Regulations*, 453 CMR 22.09(4), a Deleading Contractor, Lead-Safe Renovation Contractor, or other employer conducting Class 1 Deleading Work or Moderate-Risk Deleading Work or Renovation Work shall ensure that employees are provided with medical examinations, the specific requirements for which are set forth therein. Within two working days after receipt of the information set forth in 453 CMR 22.09(4)(e), the Deleading Contractor, Lead-Safe Renovation Contractor, or other employer, as applicable, must obtain and furnish to the employee who underwent the medical examination, a copy of a written medical opinion from the examining physician. See *CMR 22.09(4)(f)*. DLS provides this form to be completed by the examining physician for ease of use. Applicants should submit this form, or a letter from the physician containing the same information, in lieu of the results of the medical examination.

1. The patient (*name*) _____ has does not have (*check one*) a medical condition which would place his/her health at increased risk of impairment from exposure to lead.

2. List any further recommended special protective measures or limitations on the patient's activities which concern potential exposure to lead:

3. The patient (*name*) _____ is is not (*check one*) physically fit to use a respirator without restrictions. If the patient is not physically fit to use a respirator without restrictions, please describe recommended restrictions:

4. Blood sample results¹ Date of blood draw² _____

a. Blood lead level _____

b. Zinc Protoporphyrin _____

Date of Medical Examination _____

Physician's Signature _____ Date _____

Print Physician's Name _____

Physician's Address and Phone Number _____

¹Blood lead and ZPP analysis must be performed on the same blood sample.

²Deleader-Supervisors and Deleader-Workers shall follow the blood lead and ZPP monitoring schedule set forth at 454 CMR 22.09(S)(a)1.

³Blood lead and ZPP monitoring for Lead-safe Renovator Supervisors and workers on Renovation projects must be done in accordance with the schedule set forth by the OSHA Lead in Construction Standard at 29 CFR 1926.62(j).