



# Lead Hazard Reduction Notice

## Instructions

Fill in the notice in black or blue ink only.

**You must notify the Minnesota Department of Health (MDH) at least five calendar days before beginning any lead hazard reduction work.**

Email to

[Health.asbestos-lead@state.mn.us](mailto:Health.asbestos-lead@state.mn.us)

OR

Mail to

Minnesota Department of Health  
Asbestos/Lead Compliance Unit  
PO Box 64497  
St Paul, MN 55164-0497

For questions or more information, call 651-201-4620 or visit the [MDH website:](https://www.health.state.mn.us/communities/environment/lead/index.html)  
<https://www.health.state.mn.us/communities/environment/lead/index.html>

# Tennessee Warning

## For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

## For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

## For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



## Lead Hazard Reduction Notice

### Type of Notice

1. Check only ONE notice type:

Initial                       Amendment                       Cancellation

2. Was the work ordered by a public health agency?                       Yes                       No

3. If YES, which agency?

MDH                       Bloomington                       Edina                       Minneapolis                       Dakota Co

Hennepin Co                       St. Louis Co                       St. Paul/Ramsey Co                       Stearns Co

### Person Performing Lead Hazard Reduction

*FILL IN ONLY A OR B*

#### A. For Property Owners Conducting Lead Hazard Reduction

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_\_

#### B. For Lead Certified Firms Conducting Lead Hazard Reduction

Company/Sole Proprietor Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Company/Sole Proprietor Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Lead Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Lead Supervisor Telephone Number (\_\_\_\_\_) \_\_\_\_\_

## Work Site Information

Building Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Property Owner Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Site Contact \_\_\_\_\_

Work Site Contact Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## Work Activities

Check all that apply:

### Interior Lead Hazard Reduction

**SMALL AREA** (Removing  $\leq 2$  ft<sup>2</sup> AND all work including clearance done in one working day)

Doors  Windows  Walls  Floors  Porch  Other \_\_\_\_\_

**LARGE AREA** (Removing  $> 2$  ft<sup>2</sup>)

Doors  Windows  Walls  Floors  Porch  Other \_\_\_\_\_

### Exterior Lead Hazard Reduction

**SMALL AREA** (Removing  $\leq 20$  ft<sup>2</sup> AND all work including clearance done in one working day)

Doors  Windows  Siding  Porch  Other \_\_\_\_\_

**LARGE AREA** (Removing  $> 20$  ft<sup>2</sup>)

Doors  Windows  Siding  Porch  Other \_\_\_\_\_

## Work Activity Dates

Start Date (MM/DD/YYYY) \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM

End Date (MM/DD/YYYY) \_\_\_\_\_ End Time \_\_\_\_\_  AM  PM

## Signature

I confirm that the above information is true and correct and all work will be performed according to MN rules, chapter 4761.

Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_