## LEAD-BASED PAINT CERTIFICATION

### Application/Receipt/Invoice for Firms

1) Type of application? (Pick only one)  
- Initial Firm  
- Renewal Firm

2) Firm Name__________________________________________________________________________________

Owner_____________________________________________________________________________________

Business Address ___________________________________________________________________________

City__________________________________  State_________   Zip______ ______   County _______________

Phone # (        ) ______________  Fax # (        ) _____________   E-mail ________________________________

3) Lead-Based Paint Services Manager information:

Name _____________________________  _________________   ______   Title __________________________

Employer ___________________________________

City__________________________________  State____________________   Zip________________________

Office Phone # (        ) ________________________  Fax # (        ) ____________________________________

4) Employee(s) Information: Attach additional sheets if needed.

Indicate in which of the Lead-Based Paint disciplines each employee who is currently certified by the DEQ.

(Inspector, Risk Assessor, Supervisor, Project Designer and/or Abatement Worker).

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<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Discipline</th>
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STATEMENT OF UNDERSTANDING:

I hereby certify under penalty of law that this application and any attachments contain neither willful nor negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application. I certify that as a Certified Lead-Based Paint Firm I will comply with all requirements established in OAC 252:110., CNCA 12, 1201, Section 601.

SIGNATURE OF APPLICANT ________________________________ ____________________  DATE________________ _________________

PLEASE RETURN APPLICATION TO:   Cherokee Nation
                                    Environmental Programs
                                    P. O. Box 948
                                    Tahlequah, OK 74465
                                    (918) 453-5009