



## LEAD BUSINESS APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY	
BUDGET/FUND: <b><u>ZZ112-085</u></b>  REMIT # _____  REMIT DATE: _____  AMT RECVD: _____	RCVD DATE: _____ INIT: _____  APRV DATE: _____ INIT: _____  FILE # _____ APP # _____

This application is a(n)	The business structure is	I am applying for
INITIAL APPLICATION <input type="checkbox"/>	SOLE PROPRIETERSHIP <input type="checkbox"/>	LEAD FIRM <input type="checkbox"/>
RENEWAL APPLICATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	TRAINING PROVIDER <input type="checkbox"/>
DUPLICATE CERTIFICATION <input type="checkbox"/>	LIMITED PARTNERSHIP <input type="checkbox"/>	
	LLP <input type="checkbox"/>	
	LLC <input type="checkbox"/>	
	CORPORATION <input type="checkbox"/>	

If renewing  
 Current License #  Exp date

Lead Firm Certification	
I certify that we shall only employ certified employees to conduct lead-based paint activities; and	<input type="checkbox"/>
We will follow the standards for conducting lead-based paint activities set out in §295.212.	<input type="checkbox"/>

COMPANY NAME	DOING BUSINESS AS NAME		
TELEPHONE NUMBER	EMAIL ADDRESS		
TEXAS TIN	FEDERAL EIN		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
RESPONSIBLE PERSON NAME (last, first, m.i.)	LICENSE #	DRIVERS LICENSE #	
RESPONSIBLE PERSON ADDRESS	CITY	STATE	ZIP CODE

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

DATE	RESPONSIBLE PERSON SIGNATURE

Mailing address

Department of State Health Services  
 Cash Receipts Branch – MC 2003  
 PO Box 149347  
 Austin, TX 78714-9347

## FEE SCHEDULE

	LEAD FIRM	TRAINING PROVIDER
<b>NEW/ RENEWAL</b>	1,000	1,000
<b>EXPIRED &lt; 90 DAYS</b>	1,500	1,500
<b>EXPIRED &gt; 90 DAYS</b>	2,000	2,000
<b>TEXAS ONLINE FEE</b>	30	30
<b>DUPLICATE CERT</b>	20	20

## IMPORTANT INFORMATION

**To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.**

You may pay for your license online at <https://dshs.texas.gov/elp/> and email documentation requirements & copy of the online payment to [lead.reg@dshs.texas.gov](mailto:lead.reg@dshs.texas.gov).

Documentation requirements must be postmarked prior to expiration of license.

If your license has been lost or stolen, you must submit a duplicate application form.

### PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <https://www.dshs.texas.gov/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <https://www.dshs.texas.gov/> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)