

**Oneida County Health Department's Lead Primary Prevention
Contractor Form for Inclusion On Lead Information Website**

The Lead Recalls and Information section of the Oneida County Health Department's section of the County website provides information to assist consumers and rehabilitation firms with finding contractors who have completed training in lead safe work practices or who have met the qualifications and passed examinations as EPA lead abatement workers and supervisors. Placement on the website does not denote any type of endorsement or recommendation of a particular firm, it is merely offered as a community service to assist consumers to find firms with training in safe work practices. It is recommended that all consumers request to view copies of any credentials, insurance, and verify references for the type of work they are hiring the firm to provide. Certifications, licenses, and insurance must be current, and you must notify the Oneida County Health Department at any time that condition is no longer accurate. The Oneida County Health Department, nor the County of Oneida bears any responsibility for the use of this information. By signing below you are requesting to be placed on this listing. You may elect to be removed from the listing at any time by providing us with a signed and dated request on your company's letterhead.

Firm Name _____

Firm Address _____ Zip Code _____

Telephone(s) # for Website (____) _____ (____) _____

____ Yes, my insurance is current, copy of insurance certificate enclosed.

Check all that apply. You must attach a copy of a certificate or license for at least one employee of your firm, for each area checked.

____ 8 hour Lead-safe Work Practices ____ 8 hr. Renovator & Remodeling Course

____ 16 hour EPA Lead Abatement Worker ____ 32 hr. EPA Lead Abatement Supervisor

√ Construction Areas for Which You Are Qualified to Provide Consumer Services:

____ Painting ____ Renovating & Remodeling ____ Electrical ____ Plumbing ____ HVAC

____ General Contractor ____ Siding ____ Roofing ____ Kitchens ____ Baths

Other (Specify): _____

Signature of Firm Owner Required:

I, attest that all of the information provided by me above is accurate. I have attached a copy of my current insurance as well as copies of any licenses and certificates required to participate on this website. I agree to notify the Oneida County Health Department at any time if any of my insurance, licenses or certificates expire. I will provide new copies of any insurance certificates, licenses or certifications that are renewed to the Oneida County Health Department, Adirondack Bank Building, 185 Genesee Street, 4th Floor, Utica, NY 13501 ATTN: Lead Primary Prevention Program. I agree to provide my clients with the **Renovate Right** pamphlet and obtain their signature when required by law or regulation.

Signature of Firm's Owner

Date