

| RE: | Building Address: |
|---|--|
| | Apartment Number: |
| (Certif Renov (insert I agre while to full | by Certify that I have completed a Lead-Safe Certification Program ficate Number |
| - - - - I have | Work-area containment to prevent dust and debris from leaving the work area. Prohibition of certain work practices like open-flame burning and the use of power tools without HEPA exhaust control. Thorough clean up followed by a verification procedure to minimize exposure to lean-based paint hazards. Distribution of EPA's lead pamphlet to all appropriate parties. Posting of informational signs whenever appropriate. Retention of records as required by law. e attached copies of the EPA confirmation of receipt of the lead pamphlet the owner, adult representative or occupants (as applicable) or a certificate |
| of ma | iling from the post office. Additionally, I have attached copies of my Lead- Certification Program Certificate and Firm Certification. |
| | DATE: |
| | TED NAME OF EPA IFIED RENOVATOR |
| | TED NAME OF EPA IFIED FIRM |
| SIGN | ATURE OF EPA CERTIFIED RENOVATOR |