Building a Healthy Boston

APPLICATION FOR MODERATE RISK DELEADING TRAINING

The individual who completes this application must be the person who will attend the class, and who will do the work needed in the property

_____

First Name **Middle Initial** **Last Name** **Today's Date**

_____

Address **Apt. No.**

_____

City/Neighborhood **State** **Zip Code**

_____

Home Phone **Work Phone**

_____

Fax **Email**

_____

Are you the property owner? ☐ **Yes** ☐ **No** **Are you are Contractor?** ☐ **Yes** ☐ **No**

If not, what is the relationship between you and the property owner?_____

Under Order to Correct Violations? ☐ **Yes** ☐ **No** **Date of Lead Inspection:** _____

_____

Name of Inspector who issued inspection report **License Number** **Telephone Number**

RACE

☐ **Black or African American**

☐ **American Indian or Alaska Native**

☐ **White**

☐ **Other:** _____

☐ **Hispanic or Latino**

☐ **Native Hawaiian or Other Pacific Islander**

☐ **Asian**

APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED

DID YOU REMEMBER TO ENCLOSE A COPY OF YOUR INSPECTION REPORT

Boston Public Health Commission, Environmental Health Office, Lead Poisoning Prevention Program (BCLPPP), 1010 Massachusetts Avenue, 2nd Floor, Boston, MA 02118 Telephone: 617-534-5966 Fax: 617-534-2372

http://www.bphc.org/programs/cib/environmentalhealth/leadpoisoning/Pages/Home.aspx