

**DISTRICT OF COLUMBIA  
DEPARTMENT OF THE ENVIRONMENT  
LEAD AND HEALTHY HOUSING DIVISION  
COMPLIANCE & ENFORCEMENT BRANCH  
APPLICATION BOOKLET  
FOR  
CERTIFICATION  
OF  
INDIVIDUALS AND BUSINESS ENTITIES  
TO CONDUCT LEAD-BASED PAINT ACTIVITIES**

**JUNE 2011**

**DISTRICT OF COLUMBIA  
WORK DISCIPLINE REQUIREMENTS**

**WORKER**

- Successfully complete a 16 hour accredited Lead Worker training course.
- Possess educational and work related experiences as delineated by EPA in 40 CFR § 745.226.
- Pay appropriate fee of \$60.00.
- Valid picture ID.

**LEAD INSPECTOR**

- Successfully complete a 24 hour accredited Lead Inspector training course.
- Pass approved certification Lead Inspector exams (3<sup>rd</sup> party and DC Law) with 70% or better.
- Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226.
- Complete eight (8) hours of hands-on instruction.
- Pay appropriate fee of \$300.00.
- Valid picture ID.

**RISK ASSESSOR**

- Successfully complete a 16 hour accredited Risk Assessor training course.
- Must have also taken and passed the Inspector Course.
- Pass approved certification Risk Assessor exams (3<sup>rd</sup> party and DC Law) with 70% or better.
- Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226.
- Complete four (4) hours hands-on instruction.
- Proof of current liability insurance including professional, environmental and general liability insurance in an amount sufficient to cover the lead-based paint activity.
- Pay appropriate fee of \$300.00.
- Valid picture ID.

**SUPERVISOR**

- Successfully complete a 32 hour accredited Supervisor's training course.
- Pass approved certification Supervisor's exams (3<sup>rd</sup> party and DC Law) with 70% or better.
- Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226.
- Complete eight (8) hours of hands-on instruction.
- Pay appropriate fee of \$300.00.
- Valid picture ID.

**PROJECT DESIGNER**

- Successfully complete an 8 hour accredited Project Designer's training course and the 32 hour accredited Supervisor's training course.
- Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226.
- Pay appropriate fee of \$300.00.
- Valid picture ID.

**BUSINESS ENTITY**

- District of Columbia lead-based paint certified employees must be employed to conduct lead-based paint activities. See the Lead-Hazard Prevention and Elimination Act of 2008, D.C. Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 ("Act") D.C. Official Code § 8-231.01 *et seq*
- Attest to follow the work practice standards by EPA in 40 CFR § 745.226 - 745.227.
- Proof of current general liability insurance including environmental liability in an amount sufficient to cover the lead-based paint activity.
- Pay appropriate fee of \$300.00.
- All businesses must be registered with DCRA's Corporations Division, registered with the Office of Tax Revenue and licensed under the Basic Business License program with DCRA. Contact DCRA at (202)442-4400 or visit <http://dcra.dc.gov/dcra/site/default.asp> for more information.

## APPLICATION INSTRUCTIONS FOR LEAD-BASED PAINT CERTIFICATION INDIVIDUAL DISCIPLINES

### APPLICATION STATUS

1. Identify application status and include certification and expiration date where appropriate

### CERTIFICATION REQUESTED

2. Indicate desired certification

### PERSONAL INFORMATION

3. Print or Type last name, first name, and middle initial
4. Print or Type your street number and street name
5. Print or Type the city, state, zip code, and home telephone number
6. Complete your date of birth, sex, height, and social security number

### EMPLOYMENT INFORMATION

7. Print or Type your present employer's name (the company you work for)
8. Print or Type employer's city, state, zip code, business and fax numbers
9. Print or Type your position
10. Print or Type a description of your duties.
11. Print or Type your immediate supervisor's name, phone number, and email address

### APPLICANT'S TRAINING INFORMATION

12. Attach copies of current training certificates

### THIRD PARTY EXAM

13. Attach copies of exam results

### X-RAY FLUORESCENCE (XRF) EQUIPMENT

14. Indicate whether you use a X-RAY FLUORESCENCE (XRF) in your work. The District of Columbia is not an agreement jurisdiction with the Nuclear Regulatory Commission (NRC). Contact NRC before conducting work in the District of Columbia.

### ENFORCEMENT ACTIONS

Please read the Enforcement Actions section and provide a statement, if applicable, as to any enforcement actions that may have been taken against you with respect to lead-based paint compliance.

### AFFIDAVIT

Please read affidavit, sign application, and insert today's date

### RELEVANT WORK EXPERIENCE

Fill in and sign section A, then give the form to someone familiar with your lead-based paint work that has agreed to act as a reference for you. Once completed, ask them to sign the form, give it to you and return it with the completed package.

Risk Assessors and Project Designers: Complete Certification of Education Form.

Risk Assessors must submit proof of current liability insurance.

IDENTIFICATION: A picture ID MUST be presented at this office at time of application.

### CLEAN HANDS FORM

All applicants must complete a clean hands form.

Please remember applications must be complete. Make check or money order payable to **The D.C. Treasurer**. Application fees are **NON-REFUNDABLE**.

Submit complete application package(s) to:

**District Department of the Environment  
Lead and Healthy Housing Division  
Compliance & Enforcement Branch  
1200 First Street, N.E., 5<sup>th</sup> Floor  
Washington, D.C. 20002  
Attention: Mrs. Willie Mae Miller**

**Please note that ALL individual disciplines certification photos will be taken at this office.**

All requirements for individual discipline and business entity are in accordance with the following:

Lead-Hazard Prevention and Elimination Act of 2008, D.C. Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 ("Act") D.C. Official Code § 8-231.01 *et seq*  
[www.ddoe.dc.gov](http://www.ddoe.dc.gov)

EPA 40 CFR § 745.225 Accreditation of training programs: target housing and child-occupied facilities  
[www.epa.gov/lead](http://www.epa.gov/lead) Rules and Regulations

EPA 40 CFR § 745.226 Certification of individuals and firms engaged in lead-based paint activities: target housing and child-occupied facilities  
[www.epa.gov/lead](http://www.epa.gov/lead) Rules and Regulations

EPA 40 CFR § 745.227 Work practice standards for conducting lead-based paint activities: target housing and child-occupied facilities  
[www.epa.gov/lead](http://www.epa.gov/lead) Rules and Regulations

All questions should be directed to (202) 535-1934 or call the Lead Hotline at 1-877-338-0364.



**Government of the District of Columbia  
 District Department of the Environment  
 Lead and Healthy Housing Division  
 Compliance & Enforcement Branch  
 1200 First Street, N.E., 5<sup>th</sup> Floor, Washington, D.C. 20002  
 202-535-1934**

**APPLICATION FOR LEAD-BASED PAINT CERTIFICATION – INDIVIDUAL DISCIPLINES**

<b>FOR OFFICE USE ONLY:</b> Amount		Interim Certification # _____	Exp. Date _____
Date Received _____	Received \$ _____	Check Number _____	Full Certification # _____
	Fee Waived <input type="checkbox"/> (government employee)		Exp. Date _____
Authorized Signature and Date Processed		Renewal Certification # _____	Exp. Date _____
		Gov't. Empl. Certification # _____	Exp. Date _____

**APPLICATION STATUS (Check only one)**

1. NEW/INITIAL APPLICATION  ]

RENEWAL  ]

RECIPROCITY REQUEST  ]

REPLACEMENT  ]

D.C. Certification No. \_\_\_\_\_

State of current license: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Certification/license No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

**CERTIFICATION REQUESTED (Use a separate application if more than one type is requested.)**

- |    |   |                                    |   |                                    |                                      |
|----|---|------------------------------------|---|------------------------------------|--------------------------------------|
| 2. | <b>INDIVIDUAL</b>                           | <b>INITIAL/RENEWAL/RECIPROCITY</b> | <b>INDIVIDUAL</b>                             | <b>INITIAL/RENEWAL/RECIPROCITY</b> | * Experience &/or education required |
|    | <input type="checkbox"/> ] Inspector ***    | \$300.00/2 Years                   | <input type="checkbox"/> ] Project Designer * | \$300.00/2 Years                   | **Experience & Exam required         |
|    | <input type="checkbox"/> ] Supervisor **    | \$300.00/2Years                    | <input type="checkbox"/> ] Risk Assessor **   | \$300.00/2 Years                   | ***Exam required                     |
|    | <input type="checkbox"/> ] Abatement Worker | \$ 60.00/2Years                    |   |                                    |                                      |

Returned check fee: \$65.00

**All Risk Assessors must provide evidence of personal liability insurance**

**PERSONAL INFORMATION**

**or of company liability insurance**

3. NAME: \_\_\_\_\_ 4. MAILING ADDRESS: \_\_\_\_\_  
 Last First MI Street

5. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE NUMBER: ( ) \_\_\_\_\_

6. DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: FT. \_\_\_\_/IN. \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**EMPLOYMENT INFORMATION (Attach additional sheets if needed)**

7. EMPLOYER'S NAME: \_\_\_\_\_ 8. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip TELEPHONE NUMBER: ( ) \_\_\_\_\_ Street FAX: ( ) \_\_\_\_\_

9. YOUR POSITION: \_\_\_\_\_ 10. DESCRIPTION OF YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_

11. SUPERVISOR: \_\_\_\_\_ SUPERVISOR'S PHONE NUMBER: ( ) \_\_\_\_\_

SUPERVISOR'S EMAIL ADDRESS: \_\_\_\_\_

**APPLICANT'S TRAINING INFORMATION**

**12. APPLICANT'S TRAINING INFORMATION**  
Attach copies of current training certificates

**THIRD PARTY EXAM**

**13. THIRD PARTY EXAM (if any)**  
Attach copies of exam results

**X-RAY FLUORESCENCE (XRF)**

**14. For those using an X-RAY FLUORESCENCE (XRF), please attach a copy of the Radioactive Material License issued for any X-RAY FLUORESCENCE (XRF) used in your work. The District of Columbia is not an agreement jurisdiction with the Nuclear Regulatory Commission (NRC). Contact NRC before conducting work in the District of Columbia. Please indicate N/A if not applicable \_\_\_\_\_.**

**ENFORCEMENT ACTIONS**

Has any federal, state or local jurisdiction ever revoked, suspended, modified, or proposed to revoke or suspend, or modified any relevant permit, license, certification, or approval you have held or currently hold, or has any penalty action or fine been assessed against you for failure to comply with the laws and regulations pertaining to lead-based paint?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to the above question, you **MUST** provide a detailed statement to fully explain the circumstances. The statement must then be attached to this application.

**AFFIDAVIT**

The information that I have provided in this “Application for Lead-Based Paint Accreditation” is true, accurate, and complete to the best of my knowledge. I understand that my application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for the certification sought. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for certification may result in the rejection of this application. I also understand that completion of this application does not guarantee lead-based paint certification in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of a certification, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore the certification. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Official Code § 8-231.01 *et seq.* Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,  
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**

**PAGE 3  
APPLICATION FOR LEAD-BASED PAINT CERTIFICATION– INDIVIDUAL DISCIPLINES**



**Government of the District of Columbia  
District Department of the Environment  
Lead and Healthy Housing  
Compliance & Enforcement Branch**

**CLEAN HANDS SELF-CERTIFICATION FORM**

TO THE APPLICANT: Please read this form carefully and completely before signing. The District Government shall not issue or reissue any license or permit if the applicant owes it more than \$100 in outstanding debt. A false statement on this certification requires that the District Department of the Environment (DDOE), proceed immediately to revoke the certification, accreditation and/or permit or renewal for which you are now applying and fine you \$1,000. This certification form is required to be completed and submitted with any application for a certification, accreditation and/or permit or renewal by the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (DC Law 11-118, DC Official Code Sec. 47-2861 et seq.) as amended, effective January 21, 2000 (DC Law 13-183, sec. 2(b), DC Code sec. 47-2861 et. seq.).

I, \_\_\_\_\_, as \_\_\_\_\_ certify that \_\_\_\_\_  
(Name) (Owner/Partner/Corporate Office) (Business Name)

trading as \_\_\_\_\_ at \_\_\_\_\_ using business tax number \_\_\_\_\_,  
(Trade Name) (Business Address) (FEIN/SSN)

As of the date, does not owe more than more than one hundred dollars (\$100) in outstanding debt to the District of Columbia government as a result of:

1. Fines, penalties, or interest assessed pursuant to the Lead-Hazard Prevention and Elimination Act of 2008, DC Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 (“Act”) D.C. Official Code § 8-231.01 *et seq* (2011); or
2. Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986, (DC Law 6-100; DC Code Sec. 8-801 (et seq.) (2001 ed.); or
3. Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (DC Law 10-117; DC Code Sec. 8-901 (et seq.) (2001 ed.); or
4. Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affair (DCRA) Civil Infraction Act of 1985, effective January 5, 1985 (DC Law 6-42; DC Code Sec. 2-1801.01 (et. seq.) (2001 ed.); or
5. Past Due Taxes owed to the Office of Tax and Revenue pursuant to Title 47 of the DC Code; or
6. Past due District of Columbia Water and Sewer Authority service fees pursuant to Title 34 Chapter 22 and 24 of the DC Code (2001 ed.); or
7. Fines, penalties or interest assessed pursuant to Traffic Adjudication Act, Title 50, Chapter 23, of the DC Code (2001 ed.)

I understand that a signed and dated *Clean Hands Self-Certification Form* is required as documentation to accompany my application for a certification, accreditation and/or permit or renewal. I understand that by completing and submitting this form, I am not guaranteed that my certification, accreditation and/or permit or renewal will be approved.

I understand that the District Department of the Environment (DDOE) and/or the Department of Consumer and Regulatory Affairs (DCRA) may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self-Certification Form*.

I understand that if I knowingly provide false information on this Clean Hands Self-Certification Form, DDOE, will proceed immediately to revoke each certification, accreditation and/or permit or renewal for which I am applying, and to fine me one thousand dollars (\$1,000).

\_\_\_\_\_  
**SIGNATURE OF APPLICANT and TITLE**

\_\_\_\_\_  
**FEN/SSN**

\_\_\_\_\_  
**DATE**



**Government of the District of Columbia**  
**District Department of the Environment**  
**Lead and Healthy Housing Division**  
**Compliance & Enforcement Branch**  
 1200 First Street, N.E., 5<sup>th</sup> Floor, Washington, D.C. 20002  
 202-535-1934

**CERTIFICATION OF EDUCATION**

**Required For Certification of Risk Assessors and Project Designers**

Check the type of certification requested.

RISK ASSESSOR [ ]

PROJECT DESIGNER [ ]

1. NAME: \_\_\_\_\_ 2. MAILING ADDRESS: \_\_\_\_\_  
Last First MI Street
3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ 4. DATE OF BIRTH: \_\_\_\_\_
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 6. BUSINESS NUMBER: ( ) \_\_\_\_\_ 7. FAX: ( ) \_\_\_\_\_
8. EMAIL ADDRESS: \_\_\_\_\_ 9. EVENING NUMBER: ( ) \_\_\_\_\_ 10. PAGER NUMBER: ( ) \_\_\_\_\_
11. CELLULAR NUMBER: ( ) \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION**

(Please note: for INSTITUTION Official academic transcripts or diploma serve as recognized documentation to meet this requirement and must be attached)

12. HIGH SCHOOL [ ] NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_
13. INSTITUTION [ ] NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

DATE ATTENDED: \_\_\_\_\_ DEGREE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name







**10. TYPE OF BUSINESS (select only one)**

Sole Proprietorship <input type="checkbox"/>	Association <input type="checkbox"/>	Government Agency <input type="checkbox"/>	International <input type="checkbox"/>
General Partnership <input type="checkbox"/>	Professional Corporation <input type="checkbox"/>	Federal <input type="checkbox"/>	Organization <input type="checkbox"/>
Limited Partnership <input type="checkbox"/>	Limited liability Company <input type="checkbox"/>	District <input type="checkbox"/>	Embassy <input type="checkbox"/>
Corporation <input type="checkbox"/>	Non Profit <input type="checkbox"/>		Other (specify) _____

**11. TYPES OF LEAD-BASED PAINT AND RELATED ACTIVITIES CONDUCTED BY YOUR COMPANY/BUSINESS ENTITY:**

Abatement <input type="checkbox"/>	Inspections <input type="checkbox"/>	Project Designs <input type="checkbox"/>	Clearance Testing <input type="checkbox"/>
Demolition <input type="checkbox"/>	Risk Assessments <input type="checkbox"/>	Renovation/Remodeling <input type="checkbox"/>	Other _____ Specify

**12. Please attach a copy of the Radioactive Material License issued for any X-RAY FLUORESCENCE (XRF) used in your work. The District of Columbia is not an agreement jurisdiction with the Nuclear Regulatory Commission (NRC). Contact NRC before conducting work in the District of Columbia. Please indicate N/A if not applicable \_\_\_\_\_.**

**13. NAME AND TITLE OF COMPANY OFFICIALS**

_____	_____	_____	_____
NAME	TITLE	NAME	TITLE
_____	_____	_____	_____
NAME	TITLE	NAME	TITLE

**14. Has any federal, state or local jurisdiction ever revoked, suspended, modified, or proposed to revoke, suspend, or modify any relevant permit, license, certification or approval your company has held or currently holds, or has any penalty or fine been assessed against your company or business for failure to comply with the laws and regulations governing lead-based paint activities?**

NO  YES  **If you answered, "YES" to the above question, you MUST provide a detailed statement to fully explain the circumstance. This statement then must be attached to this application.**

**15. Please complete and sign the Clean Hands Self-Certification Form and attach it to this Application.**

**16. All businesses must be registered with DCRA's Corporations Division, registered with the Office of Tax Revenue and licensed under the Basic Business License program with DCRA. Contact DCRA at (202)442-4400 or visit <http://dcra.dc.gov/dcra/site/default.asp> for more information. Proof of the DCRA Basic Business License or exemption must be attached to this application.**

**17. Attach copies of District of Columbia training certificate(s) and certification(s) for employees who will be conducting lead-based paint activities.**

**18. Attach proof of current general liability insurance including environmental liability in an amount sufficient to cover the lead-based paint activity.**

**APPLICATION FOR LEAD-BASED PAINT BUSINESS ENTITY CERTIFICATION**

**AFFIDAVIT**

The information that I have provided in this “Application for Lead-Based Paint Business Entity Certification” is true, accurate, and complete to the best of my knowledge. I certify that I am authorized to sign this application on behalf of the persons listed in this application as the owners, partners, shareholders, officers, and directors of the company that is applying for certification.

I understand that my application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for certification. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for certification may result in the rejection of this application. I also understand that completion of this application does not guarantee certification in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of a certification, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore a certification. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law-221. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

\_\_\_\_\_  
Signature of Attesting Individual

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

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trading as \_\_\_\_\_ at \_\_\_\_\_ using business tax number \_\_\_\_\_,  
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\_\_\_\_\_  
**SIGNATURE OF APPLICANT and TITLE**

\_\_\_\_\_  
**FEN/SSN**

\_\_\_\_\_  
**DATE**