

DELEADING INVOICE

Please completely and clearly fill out appropriate information:

Name (print) _____ Telephone () - _____
Company: _____ Work/Cell () - _____
Address: _____ Zip Code _____
Address of Deleading Work _____ Zip code _____

I hereby attest that all deleading activities and clean up were done in accordance with the Department of Labor and Workforce Development's Regulations, 454 CMR 22.00 and the Childhood Lead Poisoning Prevention Program's Regulations, 105 CMR 460.000.

Signature _____ Date: / /

Only complete section reflecting your authorization/license status

Deleading Contractor _____ License#: DC _____ Exp. Date / /
 DS _____

Deleading Methods: Scraping Demolition Power Sanding Caustics
 Heat Gun Replacement Covering Making Intact
 Liquid Encapsulation Other _____

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: / / Finish Date: / / Cost: \$ _____

RRP w/additional Moderate Risk Training _____ Authorization # MR-
Issuance Date: / /
Moderate Risk Deleader (owner/agent) _____ Authorization # - OM AM
Issuance Date: / /

Deleading Methods: Replacement Making Intact (interior) Capping Baseboards
 Covering Making Intact (exterior) Liquid Encapsulation

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: / / Finish Date: / / Cost: \$ _____ (Doesn't Include Owner's Labor)

Low Risk Deleader (owner/agent) _____ Authorization # - OL AL
Issuance Date: / / OE AE
 OB AB

Deleading Methods: Covering Liquid Encapsulation Capping Baseboards
 Replacement (ONLY doors, cabinet doors, shutters, shelves not affixed, drawers, windows on hinges)

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: / / Finish Date: / / Cost: \$ _____ (Doesn't Include Owner's Labor)