



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM

Contractor Informational Packet

This informational packet is designed to assist you in meeting your responsibility as a lead abatement contractor. Contractors working on painted surfaces of a Missouri Department of Transportation (MODOT) bridge project are required to follow all federal, state and local regulations concerning the abatement of lead-based paint. Missouri Department of Health and Senior Services (DHSS) is the regulatory authority for Lead-based paint abatement in the state of Missouri.

The following requirements must be completed before beginning a lead abatement project.

- The company must be licensed by DHSS as a “Lead Abatement Contractor”.
- All employees working within the regulated area must be individually trained and licensed by DHSS as either a “Lead Abatement Supervisor” or “Lead Abatement Worker”.
- A licensed “Lead Abatement Supervisor” must be on site at all times during abatement activities.
- A complete Lead Abatement Project Contractor Notification form must be submitted to DHSS ten (10) business days prior to the onset of abatement activities.
- If any changes need to be made from the original notification, (i.e. addition of supervisor/worker, change in work hours, project needing to be placed on hold), a Lead Abatement Project Contractor Renotification form must be submitted twenty four (24) hours prior to implementing any such changes.

Application forms, licensing information and training schedules can be found on our website at: www.health.mo.gov/safety/leadlicensing.

If you have any questions please feel free to contact the Department of Health and Senior Services, Lead Licensing Program by any of the following means.

Toll Free: 888-837-0927

Fax: (573)-526-0441

Email: Lead@health.mo.gov

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM
Contact Information Sheet

- Phone Number: (573) 526-5873
or toll free 1-888-837-0927
- Fax: (573) 526-0441
- Email: Lead@health.mo.gov
- Website: www.health.mo.gov/safety/leadlicensing

Program Staff:

Chris Silva	Program Manager
Ethel Myers	Enforcement Officer (District office, St Louis area)
Steve May	Enforcement Officer
Susan Connell	Licensing
Connie Thomeczek	Training Accreditation



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT FUNDING AGENCY NOTIFICATION

MODOT Project
 Job #: _____

GENERAL INFORMATION – All parts must be filled out completely.

You must submit a completed *Lead Abatement Project Funding Agency Notification* form ten (10) days prior to the onset of the lead abatement project (701.313, RSMo).

A completed project notification includes the information requested on this notification form.

Form can be mailed to: Missouri Department of Health and Senior Services, Attn: Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570,

Scanned and Emailed to: Lead@health.mo.gov

or

Faxed to: (573) 526-0441

PROJECT INFORMATION (additional pages may be attached)

PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ETC)	CITY AND COUNTY
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MODOT RESIDENT ENGINEER (NAME, TELEPHONE AND EMAIL)

TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY) <input type="checkbox"/> BRIDGE OVER ROADWAY/RAILWAY <input type="checkbox"/> BRIDGE OVER WATERWAY <input type="checkbox"/> OTHER _____
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PROJECT STRATEGY (CHECK ALL THAT APPLY) <input type="checkbox"/> ENCAPSULATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER:

PROJECTED START DATE	ESTIMATED PROJECT COMPLETION DATE
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LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	TELEPHONE NUMBER
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	CONTRACTOR LICENSE NUMBER
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CONTRACTOR CONTACT PERSON (NAME AND PHONE #)	
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NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE RESIDENT ENGINEER.

I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.

SIGNATURE OF MODOT REPRESENTATIVE 	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT CONTRACTOR NOTIFICATION

MODOT Project

Job #: _____

GENERAL INFORMATION – All parts must be filled out completely.

You must submit a completed *Lead Abatement Project Contractor Notification* form ten (10) business days prior to the onset of the lead abatement project (701.309, RSMo; 19 CSR 30-70.640).

A *Lead Abatement Project Contractor Re-Notification* form must be submitted if there are any changes to this initial project notification.

A completed project notification includes:

1. The information requested on this notification form
 2. The lead abatement project contractor notification fee of \$25.00
- Mail to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.
 - Please type or print legibly.
 - Send copy to MODOT Resident Engineer

PART A. PROJECT INFORMATION (additional pages may be attached)

PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ETC.)	CITY, COUNTY
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WHO IS YOUR MODOT CONTACT, RESIDENT ENGINEER	MODOT CONTACT TELEPHONE NUMBER
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TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY)

BRIDGE OVER ROADWAY/RAILWAY

BRIDGE OVER WATER

OTHER _____

PROJECT STRATEGY (CHECK ALL THAT APPLY)

ENCAPSULATION REMOVAL REPLACEMENT OTHER:

PROJECT START DATE	ESTIMATED PROJECT COMPLETION DATE
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LIST WORKING HOURS FOR EACH DAY OF WEEK BELOW: Example (7AM-5PM)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PART B. PROJECT PERSONNEL (additional pages may be attached)

LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	TELEPHONE NUMBER	CONTRACTOR LICENSE NUMBER
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LEAD ABATEMENT PROJECT SUPERVISOR(S)	
NAME	LICENSE NUMBER

LEAD ABATEMENT PROJECT WORKERS			
NAME	LICENSE NUMBER	NAME	LICENSE NUMBER

NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR LISTED ABOVE.

I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE

Reviewed by MoDOT Resident Engineer: _____ (Initials)	DATE
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