NOTIFICATION
of Lead-Based Paint Abatement Activities
(Ref. HAR Chapter 11-41)

SEND TO: STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
LEAD BASED PAINT SECTION
99-945 HALAWA VALLEY STREET
AIEA, HI 96701
PHONE (808) 586-5800 FAX (808) 586-5811

FOR OFFICIAL USE ONLY
Date Received: _____
Rec. Number: _____
Comments: _____

A. Type of Notification (choose one): Original Updated Cancellation

B. Emergency Notification (circle one) No Yes (**If yes**, include documentation showing evidence of an EBL determination or a copy of the Federal/State/Tribal/Local emergency abatement order.)

C. Activity start and end dates (Specify the dates you will begin and end lead-based paint activity. If necessary, estimate end date using your best professional judgement.)

Start date (mm/dd/yy): End date (mm/dd/yy):

D. Description of Activity (This section relates to the building where abatement work will be performed.)

Type of Building (circle one): Single Family Dwelling Multi-Family Dwelling Child-Occupied Facility

Property Name (if applicable):

Street Address:

City:	State:	Zip Code:

Square footage/acreage to be abated:

Write brief description of abatement project to be performed. (Enclose additional paper if necessary)

E. Firm Information

Name:	Certification Number:

Street Address:

City:	State:	Zip Code:

Phone Number:

F. Certified Supervisor's Information

Name:

State Certification Number:	Expiration Date:

G. Firm Affirmation (Please note that this form is incomplete without a signature.)

I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.

Name:	Title:
Signature:	Date Signed: