## **DELEADING INVOICE**

Please completely and	clearly fill out appropriat	e information:				
Name (print)				Telephone ( ) -		
G			***	ork/Cell (	) -	
Address:			Zi	ip Code		
Address of Deleading Wo	ork		Zi	ip code		
•	leading activities and clean toons, 454 CMR 22.00 and the					
Signature				Date://		
Only complete section	n reflecting your author	ization/license status				
Deleading Contractor _			License#: Do		p. Date / /	
Deleading Methods:	<ul><li>☐ Scraping</li><li>☐ Heat Gun</li><li>☐ Liquid Encapsulation</li></ul>	☐ Demolition ☐ Replacement ☐ Other	☐ Power Sand ☐ Covering		austics Iaking Intact	
Work was done in the fol	llowing rooms:					
Work was done on the fo	llowing types of component	ts:				
Start Date: /	/ Finish Date	e:/	Cost: \$			
RRP w/additional Moderate R	-			Authorization # National Authorization # Natio	//R- / / - □OM□AM	
Moderate Risk Deleader	(owner/agent)			Issuance Date:	/ /	
Deleading Methods:	g Methods:  Replacement  Covering  Making Intact (interior)  Making Intact (exterior)			<ul><li>☐ Capping Baseboards</li><li>☐ Liquid Encapsulation</li></ul>		
Work was done in the fol	llowing rooms:					
	llowing types of component				esn't Include Owner's Labor)	
Low Risk Deleader (owne	r/agent)			orization #ance Date:/	- OL AL / OE AE OB AB	
Deleading Methods:	☐ Covering ☐ Replacement (ONLY	Liquid Er	ncapsulation atters, shelves not affi	☐ Capping B ixed, drawers, win		
Work was done in the fol	llowing rooms:					
Work was done on the fo	llowing types of component	ts:				
Start Date: /	/ Finish Date	:: <u>/</u> /	Cost: \$	(Do	esn't Include Owner's Labor)	