

**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)