

Ohio Department of Health • Lead Poisoning Prevention Program
Application for Abatement Systems and Abatement Products

Read carefully all the instructions and questions prior to completing this form.

1. This form shall be typed and sent with the required fee to: Ohio Department of Health, Revenue Processing Unit, P.O. Box 15278, Columbus, OH 43215.
2. All checks shall be made payable to Treasurer, State of Ohio, for the amount of \$500.00.
3. With your completed application, include copies of results of testing from an independent laboratory and a toxicology assessment from a certified toxicologist.

Completion of this form is required by rule 3701-32-08 of the Ohio Administrative Code

Submitter's Name		
Submitter's Street Address		
City	State	ZIP
Telephone Number	Fax Number ()	
Product Name		

Please submit a brief description of the operation and application of the system/product (i.e. specification for use). Please continue on a separate sheet for additional information.

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Do you hold or have previously held abatement system/product approval from any other state? Yes No
If yes, list address and phone number of the state agency and the approval number.

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The application will not be accepted if the oath is omitted.

I solemnly swear that the answers I have given on this application and all other information submitted including the (1) results of testing from an independent laboratory and (2) results of an assessment from a certified toxicologist are accurate, complete and true to the best of my knowledge.

Authorized Signature	Date
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Knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made in order to gain approval is a criminal offense. See section 2921.13 of the Ohio Revised Code.