



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM - CHANGE OF ADDRESS NOTIFICATION

GENERAL

- Please type or print legibly.
- Complete change of address for Contractor or Personal License information. 19 CSR 30-70.120(2)
- Mail completed notification to: Missouri Department of Health and Senior Services
 Attn: Lead Licensing
 P.O. Box 570
 Jefferson City, MO 65102-0570
 or you may fax it to (573)526-0441 or email to Lead@health.mo.gov

CONTRACTOR LICENSE INFORMATION – For currently licensed Lead Abatement Contractors

BUSINESS NAME AS IT APPEARS ON LEAD ABATEMENT CONTRACTOR LICENSE

NEW STREET ADDRESS

NEW MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE NUMBER

(____) ____ - _____

PERSONAL LICENSE INFORMATION – For currently licensed Lead Professionals

FULL NAME AS IT APPEARS ON YOUR LEAD OCCUPATION LICENSE

SOCIAL SECURITY NUMBER

____ - ____ - _____

LICENSES HELD (check all that apply):

WORKER SUPERVISOR INSPECTOR RISK ASSESSOR PROJECT DESIGNER

TELEPHONE NUMBER

(____) ____ - _____

NEW MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (OPTIONAL)

PRESENT EMPLOYER

SIGNATURE

SIGNATURE

DATE

