

**RHODE ISLAND HOUSING RESOURCES COMMISSION**

LEAD HAZARD MITIGATION

**CERTIFICATE OF CONFORMANCE**

**Certificate#:** \_\_\_\_\_

Independent Clearance  
Inspection

Condominium Unit  
Inspection

Interior Only  
Inspection

Presumptive Compliance  
Inspection

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**1. DWELLING OR PREMISES CERTIFIED AS MEETING CONFORMANCE:**

Unit's Address: \_\_\_\_\_ Apartment/Floor/Unit #: \_\_\_\_\_

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**2. PROPERTY IDENTIFICATION AS SHOWN ON TAX ASSESSOR'S WEB PAGE:**

Address: \_\_\_\_\_ Total Dwelling Units: \_\_\_\_\_ Plat/Lot #: \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

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**3. PROPERTY OWNER OF DWELLING OR PREMISES ADDRESS (NOT TENANT'S):**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**4. OCCUPANCY STATUS:**

At-risk occupant(s)

Vacant

Occupied-non risk occupant(s)

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**5. CERTIFICATION OF INDEPENDENT CLEARANCE INSPECTION PERFORMANCE**

Inspection Type: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

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**6. CERTIFICATION OF CONFORMANCE:**

**The dwelling or premises in Item 1 above is certified to be in conformance with the Lead Hazard Mitigation Standards as of the Certification Date specified below. Conformance is contingent upon routine maintenance of the property. This Certificate of Conformance shall be valid for two years from the date of Certification or until the next turnover of the dwelling unit, whichever is longer, provided that no more than one Independent Clearance Inspection shall be required in any twenty four months. This Certification may be extended by receipt of an Affidavit of Completion of Visual Inspection as specified by RIGL 42-128.1-4.7**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

RI License No: \_\_\_\_\_

**Certification Date:** \_\_\_\_\_