

**Owner Information**

Name of Owner/Occupant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

**Renovation Information**

**Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.**

Renovation Address: \_\_\_\_\_ Unit# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Certified Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

Certified Renovator Name: \_\_\_\_\_ Date Certified:     /     /

**Test Kit Information**

**Use the following blanks to identify the test kit or test kits used in testing components.**

**Test Kit #1**  
Manufacturer: \_\_\_\_\_ Manufacture Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Test Kit #2**  
Manufacturer: \_\_\_\_\_ Manufacture Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Test Kit #3**  
Manufacturer: \_\_\_\_\_ Manufacture Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Test Kit Documentation Form**

Renovation Address: _____	Unit# _____
City: _____	State: _____ Zip code: _____

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

<b>Test Location #</b> ____	<b>Test Kit Used:</b> (Circle only one)	<b>Test Kit # 1</b>	<b>Test Kit # 2</b>	<b>Test Kit # 3</b>
Description of test location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	