# LEAD-BASED PAINT PERMIT MODIFICATION FORM

<table>
<thead>
<tr>
<th>Name of abatement site:</th>
<th>Site Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAF/Consultant:</td>
<td>Phone #</td>
</tr>
<tr>
<td></td>
<td>Fax #</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Permit Number (if already issued):</td>
</tr>
</tbody>
</table>

Please check the appropriate box(es) as applicable:

- [ ] Request to cancel above notice/permit. (All but $80 of the application fee will be returned. If you paid by check or money order, a state of Colorado Warrant will be mailed to the company appearing in the contractor box on the application. If you paid by credit card, a credit will be issued to the same account used to pay for the original application fee.)

Change in:

- [ ] Supervisor: ___________________________ Certification #__________________
- [ ] Inspector: ___________________________ Certification #__________________
- [ ] Risk Assessor: ________________________ Certification #__________________
- [ ] Start Date: ________________ End Date: ________________
- [ ] Work Times: ________________ Disposal Site: __________________ County: __________________
- [ ] Additional Scope of work (includes type of LBP, quantity, location in or on site and work practices):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

I certify that I am the person authorized to sign this modification on behalf of the Lead Abatement Firm and that all statements made in this modification are, to the best of my knowledge, correct and complete. (Note: Making false statements on this application constitutes second-degree perjury as defined by 18-8-503 C.R.S., and is punishable by law.)

______________________________
Authorized Representative Signature

______________________________
Date

______________________________
Printed Name

______________________________
Position or Title

<table>
<thead>
<tr>
<th>THIS BOX IS FOR CDPHE USE ONLY:</th>
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</thead>
<tbody>
<tr>
<td>Postmark or Hand Delivery Date:</td>
</tr>
<tr>
<td>Form of Payment &amp; #:</td>
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</tbody>
</table>

Form: NPM08
Rev. 01/30/08