

RESIDENTIAL EXEMPTION CLEARANCE FORM



The purpose of this form is to determine if an exemption under the EPA's Renovation, Repair and Painting Rule is available for the planned remodeling project at the address below. If no exemption is available, a Certified Renovator must test one or more paint samples at the work area to determine if lead paint is present. If lead paint is present, that will likely require the planned remodeling project to be performed using EPA-mandated lead-safe work practices.

Customer Name(s): _____ Today's Date: _____

Job Address: _____

The type and scope of the planned remodeling project is described in further detail on the home improvement contract entered into with the above-referenced Customer. On behalf of the contractor, the undersigned individual hereby states that the following exemption from the Renovation, Repair and Painting Rule is applicable to the planned remodeling project:

- Post-1977 Housing.** To exempt the property as post-1977 housing, **BOTH** options below must be true and completed:
 - The contractor verified through an independent third party not affiliated with the contractor that the house on which the work will be performed was constructed after 1977. The contractor must maintain proof of this independent verification in the contractor's internal records; **AND**
 - By initialing after this line, the Customer states that to the best of his and/or her knowledge, the property where the work will be performed was built after 1977. (**Customer Initials** _____ **Customer Initials** _____)
- Work Performed on Paint-Free Surface.** To exempt the work area as paint-free, **BOTH** of the following must be completed:
 - On behalf of the contractor, the undersigned individual has personally examined the specific areas upon which the remodeling work will be performed, as well as any adjacent or adjoining areas (interior and exterior) that are expected to be impacted by the remodeling work. Upon such examination the undersigned has determined that there is no painted surface that will be disturbed, damaged or otherwise affected or impacted by the planned remodeling project; **AND**
 - By initialing after this line, the Customer states that to the best of his and/or her knowledge, the areas upon which the planned remodeling project will be performed do not appear to contain any painted surfaces that will be disturbed, damaged or otherwise affected or impacted by the planned remodeling project.
(**Customer Initials** _____ **Customer Initials** _____)
- Zero-Bedroom Dwelling.** The property (not the job area) is a zero-bedroom dwelling, such as a dormitory or studio apartment.
- Minor Repair and Maintenance.** (*Not available for window repair or replacement work.*) On behalf of the contractor, the undersigned individual has personally examined the specific areas upon which the planned remodeling project will be performed, as well as any adjacent or adjoining areas (interior and exterior) that are expected to be impacted by the planned remodeling project. Upon such examination the undersigned has determined that **ALL** of the following are true and correct:
 - Under 6 sq.ft. interior / 20 sq.ft. exterior of Painted Surfaces Will Be Disturbed.** If the planned remodeling project is taking place on the interior of the property, it will not disturb more than *six (6) square feet of painted surface per room*. If the planned remodeling project is taking place on the exterior of the property, it will not disturb more than *twenty (20) square feet of painted surface*.
 - No Demolition of Painted Surfaces.** The planned remodeling project does not involve the destruction of painted surfaces.
 - No Prohibited Work Practices.** The planned remodeling project is not going to involve open flame burning or torching of paint. No machines will be used that remove paint through high-speed operation such as sanding, grinding, power planing, needle gun, abrasive blasting or sandblasting, unless such machines are used with HEPA exhaust controls. No heat guns will be operated above 1100 degrees Fahrenheit.

(This Section for Office Use Only)

Contractor's Representative: I certify under penalty of law that the above information is true and complete to the best of my knowledge as of the date first written above.

Signature: _____ Print Name: _____

Thermal Windows, Inc. representative