

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Technical Services and Operations Program
 1800 Washington Blvd. • Suite 650 • Baltimore, Maryland 21230
 (410) 537-4199 • 1-800-776-2706 • www.mde.maryland.gov/lead

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Part A

RENTAL PROPERTY REGISTRATION

Part A

TRACKING
NUMBER

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⇒ **PLEASE NOTE:**
 When using this form, **DO NOT ADD NAMES** to those Owners to whom the Tracking No. was assigned or change names from individuals to business entities. To add names or to change the Owner's name entirely, call MDE Rental Registry for a new Tracking No.

YOU MAY EDIT INCORRECT INFORMATION (e.g. addresses or spelling of names) associated with the Tracking No.

OWNER INFORMATION (If Company, also give name of Principal) <small>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</small>		
Owner's Name		
Owner's Mailing Address		
City	State	Zip Code
Telephone: Work	Cell	Home
Email Address		

⇒ **MAIL ANNUAL RENEWAL FORMS TO (Select One):** Owner PO Box Property Manager

RESIDENT AGENT / AUTHORIZED AGENT <small>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</small>	
You must name a contact person 18 years of age or older who is customarily present in an office in Maryland for the purpose of transacting business or who actually resides in Maryland. It may be the owner , the property manager or any other person.	Agent's Name
	Agent's Mailing Address
	City Maryland
	Zip Code
	Telephone: Work Cell

PROPERTY MANAGER INFORMATION <small>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</small>		
Property Management Company		
Name of Property Manager:		
Mailing Address		
City	State	Zip
Telephone Work	Cell	

TRACKING
NUMBER

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INSURANCE INFORMATION SEE PAGE 5 FOR DETAILED INSTRUCTIONS

Please complete the information below for each company providing property insurance or lead hazard	<input type="checkbox"/> CHECK HERE IF YOU DO NOT HAVE INSURANCE
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POLICY INFORMATION

Name of Insurance Company		
Mailing Address		
City	State	Zip Code
Policy Number		

AFFIRMATION

I hereby affirm that the information contained in this Registration Form is to register in accordance with the Maryland Code Ann., Environment § 6-8-11. I further certify that the information provided is true and accurate to the best of my knowledge.		
	SIGNATURE	DATE
	PRINT NAME	

PART B INSTRUCTIONS SEE PAGE 5 FOR DETAILED INSTRUCTIONS **Part B is Next Page** →

If you wish to register 9 or more units or properties:

- MAKE a copy of this form, then COMPLETE PART B for additional properties** you wish to register. Provide the required property information (Property No. and Property Address) where indicated.
NOTE: Property No. is the "Real Estate Tax Account Number" found on your property tax bill.
- Enter information for **EACH UNIT ON ONE OF THE NUMBERED LINES** (1 - 8). If the whole property is a single rental unit, enter "SFP" (Single Family Property).
- Enter the Subtotal of Units at the bottom of **EACH** Part B.
- Transfer the Combined Total (of the Subtotals) of ALL the Parts B to "**FEE SUMMARY PAGE**"
- Calculate and enter the amount due for each type of New Units (# New Units x \$30/unit).
- Include the calculated amount for your newly-registered Units on the bottom line, "**TOTAL AMOUNT SUBMITTED**" **AND in your payment.**

Note:
If ANY of the information required in Part A (both pages) is NOT the SAME for ALL properties, you must USE A SEPARATE FORM FOR EACH PROPERTY.

COUNTY CODES

01 Allegany	06 Caroline	11 Frederick	16 Montgomery	21 Talbot
02 Anne Arundel	07 Carroll	12 Garrett	17 Prince Georges	22 Washington
03 Baltimore City	08 Cecil	13 Harford	18 Queen Annes	23 Wicomico
04 Baltimore Co	09 Charles	14 Howard	19 St. Marys	24 Worcester
05 Calvert	10 Dorchester	15 Kent	20 Somerset	

Form Number: MDE/LMA/CER.029
Revision Date: 7/2014
TTY Users: 1-800-735-2258

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

PART B

NEW PROPERTY REGISTRATION & UNIT IDENTIFICATION

PART B

TRACKING
NUMBER

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Manager Information (If applicable)

Owner Name

Manager Name

Owner Phone #

Manager Phone #

(A) PROPERTY ADDRESS		(B) UNITS		(C) OCCUPANCY	(D) NOTICES	(E) Inspection Types, Numbers and Dates		
Property Street Address	Property No. City, County, Zip Use County Code from Previous Page	Unit Identification Single Family Property = "SFP" or Separate Units List Unit #	Date Built	Date of Most Recent Change in Occupancy	Date of Most Recent Tenants' Rights Sent	Certificate Type 1. Full Risk Reduction 2. Modified Risk Reduction 3. Lead Free	Most Recent Inspection Certificate Number	Date of Most Recent Inspection
Example: 123 Main Street	02 1234567890 Annapolis, AA Co 21401	SFP or Unit 1 Unit 2	1935	1/15/2011	1/20/2011	Modified Risk	456123	12/31/2010
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
Subtotal Unit Count								

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Additional Form Bs can be downloaded from www.mde.maryland.gov/lead

TRACKING
NUMBER

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PART C

FEE SUMMARY PAGE

PART C

Please calculate fees for all rental units listed and tallied on ALL Part B pages

Total Count from Column B Units = _____ x \$30 = _____

TOTAL AMOUNT SUBMITTED = _____

- Make check or money order payable to: Maryland Department of the Environment
- Include tracking number on your payment
- Cancelled check will serve as your receipt, along with a copy of this Registration Form
- To receive proper credit, Parts A, B, and C of this Registration Form **MUST** be submitted with payment
- Mail Parts A, B, and C with payment to:

**Maryland Department of the Environment
P.O. Box 23660
Baltimore, MD 21203-5660**

Form Number: MDE/LMA/CER.029
Revision Date: 7/2014
TTY Users: 1-800-735-2258

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

PART A & B INSTRUCTIONS PART A OWNER INFORMATION

TRACKING NUMBER: MAKE SURE A MDE TRACKING NUMBER IS ON ALL PAGES OF THE FORM. If a MDE tracking number has not been assigned to the owner, call the MDE Lead Hotline to obtain a tracking number (410) 537-4199 or 1-800-776-2706.

NOTE: The registration cannot be processed without a tracking number.

OWNER ADDRESS: Make sure the FULL name, including any middle name, full mailing address, email address and telephone number of the property owner is typed or printed clearly.

RESIDENT AGENT: If the owner and/or property manager does not live in Maryland, you must provide information for a contact person who lives in Maryland and is at least 18 years of age.

PROPERTY MANAGER: If the property manager is **other than the owner**, type or print clearly the property manager's name, full mailing address, email address and telephone number. Please identify the type of phone number (i.e., work, cell).

INSURANCE INFORMATION: Type or print clearly the Insurance Company's name, complete mailing address, and policy number for all properties. **NOTE:** If needed, you may attach a separate sheet for additional policy numbers.

PART B NEW PROPERTY REGISTRATION AND UNIT IDENTIFICATION

MAKE SURE THE TRACKING NUMBER AND PROPERTY NUMBER ARE TYPED OR PRINTED CLEARLY ON PART B OF THE REGISTRATION FORM.

PROPERTY NUMBER: Type or print clearly the Property Number in space provided. You can get your Property number or "Real Estate Tax Account Number" off your property tax bill or contact the *Department of Assessments and Taxation* at (410) 767-8259 or www.dat.maryland.gov

NOTE: Property number and property street address number are not the same. County Codes are listed on Page 2 of this form.

Column A: Type or print clearly the property street address in box provided, then enter the property identification number including the County Code, and enter the City, County and Zip in the space provided.

Column B: Identify each unit in the property in the space provided. If property does not have more than one unit, write SFP (Single Family Property). Also enter the year the structure was built.

Column C: Type or print clearly the date your most recent tenant moved in for each unit.

Column D: Enter the most recent date the Notice of Tenants' Rights were given to tenant. Tenants' Rights should be given every 2 years along with a copy of the Lead Certificate.

Column E: SEE YOUR INSPECTION CERTIFICATE for this column. Enter the Type of Lead Certificate issued, the Lead Certificate Number, and the Date of the Most Recent Inspection in the spaces provided.