

# DISCLOSURE STATEMENT

Arkansas Board of Health's Rules Pertaining to Lead-Based Paint Activities requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Health (ADH) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant which contains:

- (A) The full name, business address, and social security number of the applicant and all affiliated persons;
- (B) The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or which is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- (C) A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- (D) A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- (E) A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- (F) Any other information the director of the Arkansas Department of Health may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

The following persons or entities are not required to file a disclosure statement:

- (A)(1) Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, or municipalities.
- (2) This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly; and
- (B) If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

# ARKANSAS DEPARTMENT OF HEALTH (ADH) DISCLOSURE STATEMENT

## Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADH Disclosure Statement, complete items 1 through 6 and 19.**
- B. Individuals who never submitted an ADH Disclosure Statement, complete items 1 through 5, 7, 8, and 17 through 19.**
- C. Firms or other legal entities who never submitted an ADH Disclosure Statement, complete 1 through 5, and 7 through 19.**

### Mail to:

Arkansas Dept. of Health  
DISCLOSURE STATEMENT  
Environmental Epidemiology  
4815 West Markham St., Slot 32  
Little Rock, AR 72205-3867

### Hand Deliver to:

Arkansas Dept. of Health  
DISCLOSURE STATEMENT  
Environmental Epidemiology  
4815 West Markham St., Slot 32  
Little Rock, AR 72205-3867

1. APPLICANT: (Full Name)	2. SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER:
3. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :	
4. CITY, STATE, AND ZIPCODE:	

5. (check all that apply.)

Individual       Corporate or Other Entity

Permit     License       Certification       Operational Authority

New Application       Modification       Renewal Application (If no changes from previous disclosure statement, complete number 6 and 19.)

6. **Declaration of No Changes:**  
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADH on \_\_\_\_\_

Signature of Individual or Authorized Representative of Firm or Legal Entity  
(Also complete #19.)

\_\_\_\_\_

**7. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)**

**8. List and explain all civil or criminal legal actions (except minor traffic violations) by government agencies against the Applicant \* in the last ten years including:**

- 1. Administrative enforcement actions resulting in the imposition of sanctions;**
- 2. Permit or license revocations or denials issued by any state or federal authority;**
- 3. Actions that have resulted in a finding or a settlement of a violation; and**
- 4. Pending actions.**

**(Attach additional pages, if necessary.)**

**\* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 9-17 of this Disclosure Statement.**

**9. List all officers of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**10. List all directors of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**11. List all partners of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**12. List all persons employed by the Applicant in a supervisory capacity or with authority over operations subject to this application.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**13. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**14. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMPLOYER ID #: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMPLOYER ID #: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMPLOYER ID #: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**15. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

**16. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

**17. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**18. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.**

19. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Health may require at any time to comply with the provisions of the Disclosure and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Health with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

**DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT  
SIGNATURE: \_\_\_\_\_

COMPANY  
TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_