



**State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program
APPLICATION FOR CERTIFICATION**



For Asbestos Inspectors, Asbestos Management Planners, or Asbestos Project Designers who provide their services to SCHOOLS.

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.

I. APPLICANT:

Name (last) _____ (first) _____ (mid I) _____
 Other names under which you have performed asbestos work: _____
 Date of Birth: _____ Phone: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip: _____
 E-Mail: _____

II. COMPANY OR PRINCIPLE PLACE OF EMPLOYMENT:

Firm: _____
 Address: _____
 City/Town: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____

III. TYPE OF CERTIFICATION APPLYING FOR: Please check all that apply.

- Asbestos Inspector
- Asbestos Management Planner
- Asbestos Project Designer

IV. APPLICATION INFORMATION:

- a.) Is this a new application or a renewal application? _____
 If this is a Renewal Application, attach a photocopy of your New Hampshire Certificate.
- b.) Have you previously applied for an asbestos related certificate in the State of New Hampshire? YES _____ NO _____
- c.) Are you licensed, certified, or permitted as an asbestos Inspector, Asbestos Management Planner, or Project Designer in any other state other than New Hampshire? YES _____ NO _____
 If YES, please list the name of the state, the type, date of certification, and certificate number:

- d.) Submit two clear, unmutilated, and unstapled 1 1/2" x 1" color photographs, with your name legibly printed on the back of each photograph.

V. TRAINING OF APPLICANT:

a.) Formal Education Background

Academic Degree	School	Major	Minor	Graduation Date

b.) Other Relevant Formal Training. Please complete the section below and attach documentation of course attendance and grade on final exam.

Course Title	Course Sponsor	Date completed	Grade on exam

c.) Professional Credentials.

P.E. _____ C.I.H. _____ R.A. _____
 Other (specify): _____
 License or Certificate Numbers and Dates: _____

VI. EXPERIENCE OF APPLICANT:

List the experience required for each certification separately. Attach documentation of relevant employment history, including employers, dates of employment and duties, and asbestos abatement field experience. Provide date of project, name of project owner, contact person, telephone number, and a brief description of the project.

VII. ENFORCEMENT ACTION:

- a.) Are there any state or federal enforcement actions against the applicant with regard to asbestos abatement work?
 Yes: _____ No: _____
- b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name and address, of the federal or state agency taking action; the date of the action, and information as to whether and how the action was resolved.

VIII. STATEMENT OF COMPLIANCE:

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____

TITLE: _____

Date: _____

Please send completed application to:

NH Department of Environmental Services
Attn: Asbestos Licensing Program
29 Hazen Drive; PO Box 95
Concord, NH 03302-0095

Phone: (603) 271-4609

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED
IN Env-A 1810.08 (b): (4), (5), (6), or (7):**

Singular certification shall be charged :

Initial Certification -- \$200
Renewal Certification* -- \$200

Combination Certifications shall be charged:

Initial Certification -- \$200 for the first, and \$50 for each additional certification.
Renewal Certification* -- \$200 for the first, and \$50 for each additional certification.

**MAKE CHECKS AND/OR MONEY ORDERS PAYABLE TO “TREASURER, STATE OF NEW
HAMPSHIRE.”**

*Renewal applications are accepted for renewal if the application reflects the same certification(s) originally applied for. Any change in the number or type of certificates originally applied for constitutes a “new” application.