



State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program



Application for License as Asbestos Abatement Entity

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 of Firm: _____

Business Location: _____

City/Town: _____, State: _____, Zip: _____

Telephone Number: _____ Fax: _____

E-Mail: _____

Mailing Address: _____

City/Town: _____, State: _____, Zip: _____

II. APPLICATION INFORMATION:

a). New Application _____ Renewal* Application _____

*If Renewal application, attach copy of current license.

b). The Applicant is (check one)

_____ An Individual/Sole Proprietorship

_____ A Corporation

_____ A Partnership

_____ An Unincorporated Association

_____ Other (Specify) _____

c). Has the firm seeking licensing ever previously applied for an asbestos-related certificate in the state of New Hampshire? Yes _____ No _____

d). Enter name under which filing was made with the NH Secretary of State and indicate the entity status.

e). List all names, acronyms, or other identifiers by which the applicant is or has been known or under which the applicant does or has done business.

f). Does the applicant hold any certificates or official permits for asbestos abatement in other state?

_____ If YES, please list the states and license numbers.

III. RESPONSIBLE PERSONS:

a.) List the names and legal addresses of responsible person(s), including all management persons having primary responsibility for and control over the asbestos work of the applicant.

b). Documentation of attendance and completion of an approved training course for asbestos contractors and supervisors as outlined in Env-A 1810.12(b)(4) for at least one responsible person listed in IIIa above is required. Applications for Renewal shall provide documentation of attendance and completion of an approved refresher course for asbestos abatement contractors and supervisors as outlined in Env-A 1810.12(d)(3) for at least one of the responsible persons listed in IIIa.

Note: Training must be current at the time of application.

Name Course Sponsor Date Exam Grade

IV. SITE SUPERVISORS:

List any New Hampshire certified asbestos abatement site supervisors in the applicant's employ.

(Attach additional sheets if more space is needed.)

<u>Name</u>	<u>Certificate #</u>	<u>Expiration Date</u>
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V. ASBESTOS ABATEMENT PROJECTS:

Attach to this application a list of asbestos abatement projects that have been/are being performed by the applicant within the last twelve months. Provide date of project, name of project owner, contact person, telephone number, and site supervisor. If the answer is none, please check here _____.

VI. 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.

VII. STATEMENT OF COMPLIANCE:

I certify, as a responsible person for _____, that I have read and understand the
(name of company)
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: _____ Type or Print Name: _____

TITLE: _____ Date: _____

Please send completed application and/or correspondence to:

**NH DES
ATTN: Asbestos Licensing Program
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095**

Phone: (603) 271-4609

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED IN
Env-A 1810.08(b)(1):**

**\$1000.00 FOR A NEW APPLICATION, OR
\$ 750.00 FOR A RENEWAL APPLICATION.**

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

*· RSA 293-A: requires businesses transacting business in NH to obtain a certificate of existence/authority from the NH secretary ·
· of state’s office. Questions should be directed to the Secretary of State Corporate Division at (603) 271-3246. ·*