



**State of New Hampshire  
Department of Environmental Services  
Asbestos Management and Control Program  
Application for Certification**



**ASBESTOS ABATEMENT WORKER**

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. 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 abatement worker certificate in the State of New Hampshire? YES \_\_\_\_\_ NO \_\_\_\_\_

c.) Are you licensed, certified, or permitted as an asbestos abatement worker in any other state other than New Hampshire? YES \_\_\_\_\_, NO \_\_\_\_\_

If YES, please list the name of the state, date of certification, and certificate number:

\_\_\_\_\_  
\_\_\_\_\_

D.) Submit two clear, unutilated, and unstapled 1<sup>1</sup>/<sub>2</sub>" x 1" color photographs, with your name legibly printed on the back of each photograph.

**IV. TRAINING OF APPLICANT:**

Please complete the section below and attach documentation of course attendance and grade on final exam.

<u>Course Title</u>	<u>Course Sponsor</u>	<u>Date Completed</u>	<u>Grade on Exam</u>
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**V. 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.

**VI. 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:** \_\_\_\_\_

**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)(3)**

**\$50 FOR A NEW APPLICATION**  
**\$50 FOR A RENEWAL APPLICATION**

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

**MUST ALLOW 3-4 DAYS TO PROCESS APPLICATIONS**