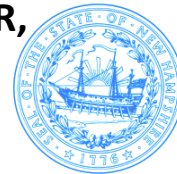




# APPLICATION FOR CERTIFICATION AS AN ASBESTOS INSPECTOR, MANAGEMENT PLANNER AND/OR PROJECT DESIGNER



Air Resources Division/Compliance Bureau  
Asbestos Management and Control Program

**RSA/Rule:** RSA 141-E:4, I and II, and Env-A 1800

Personelle ID:	Entity ID:	OFFICE USE ONLY
Check No:	Paid By: <input type="checkbox"/> Entity <input type="checkbox"/> Applicant <input type="checkbox"/> Other	OFFICE USE ONLY
Name of Other:		
Date Sent:	Sent to: <input type="checkbox"/> Entity <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Held for Pickup	
Staff Initials:		
Receipt Signature:		Date:

Please complete all sections of the application by either printing or typing the required information and signing. Refer to the last page of this application for additional instructions.

I. APPLICANT		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
Other Names under which you have performed asbestos work:		
MAILING ADDRESS:		
TOWN/CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	DATE OF BIRTH:	
EMAIL:		
II. COMPANY OR PRINCIPAL PLACE OF EMPLOYMENT		
COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	
E-MAIL:		
III. TYPE OF CERTIFICATION (Check all that apply)		
<input type="checkbox"/> Asbestos Inspector <input type="checkbox"/> Asbestos Project Designer <input type="checkbox"/> Asbestos Management Planner		

**IV. TYPE OF APPLICATION**

New Application       Renewal Application

Have you previously applied for an asbestos related certificate in the state of New Hampshire?

Yes       No

Are you licensed, certified, or permitted as an asbestos inspector, asbestos management planner, and/or asbestos project designer in any other state than New Hampshire?

Yes\*       No

\*If certified in one or more other states, list the names of the states, the certification type, number and date of issue:

State:	Cert Type:	Cert. Number:	Issue Date:

**V. TRAINING**

(A) EDUCATION BACKGROUND:

Academic Degree:	School:	Major:	Minor:	Date of Graduation:

(B) OTHER RELEVANT FORMAL TRAINING:

Please list other training below and attach documentation of course completion and grade on final exam.

Course Title:	Course Sponsor:	Date Completed:	Exam Grade:

(B) PROFESSIONAL CREDENTIALS:

- Licensed Professional Engineer
- Registered Architect
- Certified Industrial Hygienist
- Other: \_\_\_\_\_

Type	Lic/Cert	Date

**VI. PHOTOGRAPH**

Attach one clear unmutilated, not stapled, passport type photograph with your name legibly printed on the back of the photograph.

VII. EXPERIENCE OF APPLICANT	
<p>On a separate sheet, list your experience as required for each certification. Provide separate sheets for each requested certification. Attach documentation of employment history required for each certification. Include the employers name, date of employment and job duties. For each certification, provide your work experience to include the date of the project, name of project owner, project owner contact name and phone number, and a brief description of the project and work performed.</p>	
VIII. ENFORCEMENT ACTION	
<p>Has any state or the federal government taken any enforcement actions against the applicant with regard to any environmental, health or safety requirements within the past ten years? Please include any pending actions.</p> <p><input type="checkbox"/> Yes*      <input type="checkbox"/> No</p>	
<p>*If the answer is Yes, attached detailed information about the enforcement action to include, the name and address of the Federal or State Agency taking action, the date of the enforcement action, and information as to whether or how the action was resolved.</p>	
IX. STATEMENT OF COMPLIANCE	
<p>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.</p>	
Applicants Signature:	Date:
Title:	Print Name:

**ADDITIONAL INSTRUCTIONS**

- 1) Attach a copy of the current NH certificate(s), if the application is a renewal.
- 2) Attach a copy of all current training documentation including the course grade on final exam. All training must be current at the time of submittal of this application.
- 3) Attach application fee, as specified in Env-A 1810.09(b)(4), (5), (6), or (7), and as listed below:

Checks or Money Orders are to be made payable to:

***“Treasurer - State of New Hampshire”***

- For a single certification the fee is as follows:  
**\$200.00 - New Certification, or**  
**\$200.00 - Renewal Certification**
  
- For multiple certification types and/or renewals for a single applicant,  
 The fee will be as follows:  
**\$200.00 - for the first certification or renewal, and**  
**\$50.00 - for each additional new certification and or renewal.**

Note: Renewal applications will only be accepted if the application reflects the same original type and number of existing certifications. Any change in the number or type of certification being requested from the original certification constitutes a “New” application.

- 4) Send completed application to:

**New Hampshire Department of Environmental Services**  
**Air Resources Division**  
**29 Hazen Drive, PO Box 95**  
**Concord, NH 03302-0095**  
**Attn: Asbestos Licensing and Certification Program**