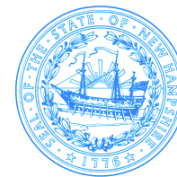




APPLICATION FOR ASBESTOS ABATEMENT SUPERVISOR CERTIFICATION



Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

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

Personnel 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
Date Sent:	Sent to: <input type="checkbox"/> Entity <input type="checkbox"/> Applicant <input type="checkbox"/> Held for Pickup Staff Name of Other: 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 APPLICATION (Check One)
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION
Have you previously applied for an asbestos abatement supervisor certificate in the state of New Hampshire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you licensed, certified, or permitted as an asbestos abatement supervisor in any state other than New Hampshire? *If yes please list the name of the state, date of certification and certificate number. <input type="checkbox"/> Yes* <input type="checkbox"/> No
Attach one clear unmutilated, not stapled, passport type photograph with your name legibly printed on the back of the photograph.

IV. ASBESTOS ABATEMENT PROJECTS
Attach to this application a list of asbestos abatement projects performed or supervised by you within the last twelve months*. <u>[must show documentation of at least one year of experience]</u> . Provide date of project, name of project owner, contact person, telephone number, and site supervisor if not you. *If the answer is none please check here <input type="checkbox"/>

V. TRAINING
Attach copies of asbestos training documentation to this application. Training must be current at time of application.

VI. ENFORCEMENT ACTION
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. <input type="checkbox"/> Yes* <input type="checkbox"/> No
*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 action, and the information as to whether or how the action was resolved.

VII. 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:	Print Name:
Date:	

ADDITIONAL INSTRUCTIONS:

- 1) Attach a copy of the current NH certificate, 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) Send application with appropriate fee as specified in Env-A 1810.09(b)(2):

\$200.00 - For a New Application, or

\$200.00 - For a Renewal Application

- 4) Checks or Money Orders are to be made payable to:

“Treasurer - State of New Hampshire”

- 5) 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