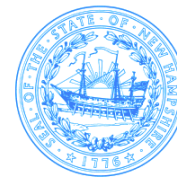




APPLICATION FOR ASBESTOS ABATEMENT ENTITY LICENSE



Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

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

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

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

I. APPLICANT		
NAME OF FIRM: _____		
BUSINESS LOCATION: _____		
TOWN/CITY: _____	STATE: _____	ZIP: _____
TELEPHONE NUMBER: _____	FAX: _____	
EMAIL: _____		
MAILING ADDRESS: _____		
TOWN/CITY: _____	STATE: _____	ZIP: _____
II. TYPE OF APPLICATION (Check One)		
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION		
III. TYPE OF APPLICANT (Check one)		
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> An Unincorporated Association <input type="checkbox"/> Other (Specify): _____		
Has the firm seeking licensing ever previously applied for an asbestos-related certificate in the state of New Hampshire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Enter the business name under which filing was made with the NH Secretary of State, and indicate the entity status. Name: _____ Entity Status: _____		
Is the applicant known, or has the applicant been conducting business under other names, acronyms, or identifiers? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>(*If yes, please list all on a separate sheet)</i>		
Does the applicant hold any certificates or official permits for asbestos abatement in another state(s)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>(*If yes, please list all on a separate sheet)</i>		

IV. RESPONSIBLE PERSONS

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:

Name:	Street Address:	City/Town/Zip:

Documentation of attendance and completion of an approved training course for asbestos contractors and supervisors as outlined in Env-A 1810.13(b)(4) for at least one responsible person listed 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 1810.13(d)(3) for at least one of the responsible persons listed above.

Note: Training must be current at time of application.

Name of Attendee:	Course Title:	Course Sponsor:	Date of Training:	Exam Grade:

V. SITE SUPERVISORS

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

(Attach additional sheets if more space is needed.)

Name:	Certification #:	Expiration Date:

VI. ASBESTOS ABATEMENT PROJECTS

Attach a list to this application, of the asbestos abatement projects that have been performed within the last twelve months, or are being performed by the applicant*. Provide project start and end dates, name of property owner, contact person, telephone number, and site supervisor name and certification number.

*If there were no such projects, please check here:

VII. PRINCIPAL CONTACT: The following individual is affiliated with and designated by the applicant to be the contact for this organization		
Name / Title:		
Mailing Address:		
City/Town:	State:	Zip Code:
Telephone Number:	Fax:	
E-Mail:		
VIII. ENFORCEMENT ACTIONS		
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 a detailed explanation regarding 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 or how the action was resolved.		
IX. STATEMENT OF COMPLIANCE		
<input type="checkbox"/>	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.	
X. RESPONSIBLE PERSON'S SIGNATURE		
Signature:	Print Name:	
Title:	Date:	

ADDITIONAL INSTRUCTIONS:

1. RSA 293-A: requires companies transacting business in New Hampshire to obtain a certificate of existence/authority from the New Hampshire Secretary of State's Office. Questions should be directed to the New Hampshire Secretary of State Corporate Division at (603) 271-3246.
2. If the application is a renewal, attach a copy of the current license.
3. Please send completed application with fee and/or correspondence 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**

4. Do not send application without appropriate application fee as specified in Env-A 1810.09(b)(1):
**\$1,000.00 - For a New Application, or
\$750.00 - For a Renewal Application**
5. Checks and/or money orders are to be made payable to:

"Treasurer - State of New Hampshire"