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

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<tr>
<th>Entity ID:</th>
<th>OFFICE USE ONLY</th>
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<td>Check No:</td>
<td>Paid By: Entity Applicant Other</td>
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<td>Name of Other:</td>
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<td>Date Sent:</td>
<td>Sent to: Entity Applicant Held for Pickup</td>
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<td>Staff Initials:</td>
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<td>Receipt Signature:</td>
<td>Date:</td>
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OFFICE USE ONLY

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)

- [ ] NEW APPLICATION
- [ ] RENEWAL APPLICATION

III. TYPE OF APPLICANT (Check one)

- [ ] Individual/Sole Proprietorship
- [ ] Corporation
- [ ] Partnership
- [ ] An Unincorporated Association
- [ ] Other (Specify): ____________________________

Has the firm seeking licensing ever previously applied for an asbestos-related certificate in the state of New Hampshire?

- [ ] Yes
- [ ] 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?

- [ ] Yes*  
- [ ] No  (*If yes, please list all on a separate sheet)

Does the applicant hold any certificates or official permits for asbestos abatement in another state(s)?

- [ ] Yes*  
- [ ] No  (*If yes, please list all on a separate sheet)

Benjamin.Giorgi@des.nh.gov or phone (603) 271-4609; Fax (603) 271-7053
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

2018-09-14
### 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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Street Address:</th>
<th>City/Town/Zip:</th>
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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.**

<table>
<thead>
<tr>
<th>Name of Attendee:</th>
<th>Course Title:</th>
<th>Course Sponsor:</th>
<th>Date of Training:</th>
<th>Exam Grade:</th>
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### V. SITE SUPERVISORS

List any New Hampshire certified asbestos abatement supervisors in the applicant’s employ. (Attach additional sheets if more space is needed.)

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<tr>
<th>Name:</th>
<th>Certification #:</th>
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### 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.

☐ Yes* ☐ 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

☐ I certify, as a responsible person for (name of company), 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.

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”