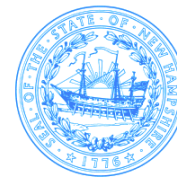




APPLICATION FOR ASBESTOS DISPOSAL SITE CONTRACTOR LICENSE



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
Name of Other:		
Date Sent:	Sent to: <input type="checkbox"/> Entity <input type="checkbox"/> Applicant <input 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		
NAME OF FIRM OR POLITICAL SUBDIVISION:		
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. 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:		

IV. 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 name under which filing was made with the New Hampshire Secretary of State and indicate the entity status.

List all names, acronyms, or other identifiers by which the applicant is or has been known or under which the applicant does or has done business.

Does the applicant hold any licenses or official permits for asbestos abatement in another state(s)? Yes No

If Yes, please list the states and license numbers.

V. RESPONSIBLE PERSONS

(A) 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. [Attach extra sheets if necessary]

(B) Responsible person(s) certified as asbestos disposal site worker/workers-in-training pursuant to Env-A 1812 and actively involved with decisions regarding the license and related matters. *Signatures of these individuals are required in Section VII.*

Name	Date of Birth	Mailing Address	Telephone Number	Principle Duties

VI. Licensing History			
Yes	No	1. Is the applicant currently, or previously, licensed or certified as an asbestos entity, contractor, or asbestos professional in New Hampshire?	
<input type="checkbox"/>	<input type="checkbox"/>	LICENSE OR CERTIFICATION TYPE	LICENSE/CERTIFICATE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the applicant or any of its responsible persons ever been convicted of or plead guilty or no contest to a felony or misdemeanor in any state or federal court for violating an environmental, health or safety requirement, or are you currently the subject of such action?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the applicant or any of its responsible persons ever owned, operated, or been in charge of a business or other facility that, during their association therewith, was subject of an administrative or judicial enforcement action for a violation of environmental, health or safety requirements?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Has the applicant or any of its responsible persons ever been the subject of any administrative or judicial enforcement action for a violation of environmental health, or safety requirements?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the applicant or any of its responsible persons currently in violation of any environmental, health, or safety requirements?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Is the applicant or any of its responsible persons currently out of compliance with any civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order for any violation of environmental, health, or safety statutes or rules?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Has the applicant or any of its responsible persons failed to pay, or are they out of compliance with the payment schedule of any administrative fine assessed for a violation of environmental, health, or safety requirement?	
If you answered "Yes" to any of the above questions, please attach a detailed explanation and current status information.			

VII. WORK HISTORY
<p>Attach to this application a list of asbestos disposal site projects conducted by the license holder since the date of the expiring license was issued*. Including the following for each: Site location, Property owner, Project Status, Project Contact Person, Phone Number, and Project Site Supervisor.</p> <p>*If the answer is none, please check here: <input type="checkbox"/></p>

VIII. WORKERS

List all individuals authorized to work under the authority of this license, if issued, who will be performing work relating to the disturbance of asbestos at asbestos disposal sites. [Attach additional sheets if needed]

Name: _____ Date of Birth: _____

Position Title: _____

Business Mailing Address: _____

Business Phone Number: _____

(a): Is this person certified as an asbestos disposal site worker/worker-in-training? Yes No

If "Yes" ADS Worker Certificate #: _____ Expiration Date: _____

If "No" Date Application for certification as an ADS Worker was or will be made: _____

Date of training in accordance with Env-A 1813 was or will be obtained: _____

(b): Does this person meet the requirements of either a competent person in 29 CFR 1926.1101, or an on-site supervisor in 29 CFR 1910.120, or both?

Yes No

IX. STATEMENT OF COMPLIANCE

To the best of my knowledge and belief the information and material submitted herein is correct and complete. I understand that any license granted by the department based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by the department, without alteration of the text.

Signature: _____ Print Name: _____

Title: _____ Date: _____

X. OTHER SIGNATURES:

Responsible Persons from Section V (B):

I am aware this application is being filed and that I am being listed as a responsible person involved with decisions regarding the license and related matters:

Name:	Date:
Name:	Date:
Name:	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. License renewal applicants must attach a copy of their current license.
3. Please send completed application 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 the application fee as specified in Env-A 1812.04(d):

**\$250.00 - For a New Application, or
\$250.00 - For a Renewal Application**

5. Checks and/or money orders are to be made payable to:

“Treasurer - State of New Hampshire”