



APPLICATION FOR ASBESTOS DISPOSAL SITE WORKER/WORKER-IN-TRAINING CERTIFICATION



Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

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

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:		
MAILING ADDRESS IF DIFFERENT FROM ABOVE:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	
E-MAIL:		

III. TYPE OF APPLICATION (Check One)
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION
I Am Applying For Certification as an: (Check One)
<input type="checkbox"/> EXPERIENCED ASBESTOS DISPOSAL SITE WORKER
<input type="checkbox"/> ASBESTOS DISPOSAL SITE WORKER-IN-TRAINING

Asbestos@des.nh.gov or phone (603) 271-1370; Fax (603) 271-7053
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

IV. APPLICANT HISTORY			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you previously applied for an asbestos disposal site worker certificate in the State of New Hampshire? If "yes" please provide the date of last application : _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held a New Hampshire asbestos disposal site worker certification? If "yes", please provide : Date of last certification: _____ Certification Number: _____	
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you now or have you ever previously been licensed or certified as an asbestos entity, contractor, or as an asbestos professional in New Hampshire? If "yes" please provide:	
		LICENSE OF CERTIFICATION TYPE	DATE ISSUED
			LICENSE OR CERTIFICATION NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you licensed, certified or permitted as an asbestos professional in any other state?	
		STATE	CERTIFICATION DATE
			CERTIFICATION NUMBER

V. PERFORMANCE HISTORY			
YES	NO	If you answer "yes" to any of the following questions, please attach detailed explanation and information regarding the current status.	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you 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 any such action?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever owned, operated, or been in responsible charge of a business or other facility that, during your association therewith, was subject of an administrative or judicial enforcement action or a violation of environmental, health, or safety requirements?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been the subject of any administrative or judicial enforcement action for a violation of environmental, health, or safety requirement?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you currently in violation of any environmental, health, or safety requirements?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you currently out of compliance with any civil and/or 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"/>	6. Have you failed to pay, or are you out of compliance with the payment schedule for any administrative fine assessed for a violation of environmental, health, or safety requirement?	

VI. TRAINING INFORMATION		
Please Complete The Section Below and Attach Documentation Showing Completion of the Asbestos Disposal Site Basic Training Requirements Set Forth In Env-A 1813.		
Course Title	Training Provider	Date of Completion
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have read and understand all information provided in the document titled "Guidance for Managing Asbestos Disposal Sites" published by the New Hampshire Department of Environmental Services in May 2000.
<input type="checkbox"/>	<input type="checkbox"/>	Within the last 6 months, I have taken and passed the Post-Training Examination required pursuant to Section Env-A 1813.06.

VII. CHECKLIST OF REQUIRED DOCUMENTATION	
<input type="checkbox"/>	1. Certificate or other documents which have been issued and certified as accurate by the training provider for all asbestos training courses listed above.
<input type="checkbox"/>	2. Proof of receiving a score of 70 percent or greater on the state examination for asbestos disposal sites taken within the last six months.
<input type="checkbox"/>	3. A current, clear, unstapled color photograph of yourself (such as a passport type photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with the Department's current licensing equipment.
<input type="checkbox"/>	4. If this is an application to be certified as an experienced worker, submit a work experience record, signed by the work supervisor(s), documenting the number of hours successfully engaged in the disturbance of asbestos at asbestos disposal sites. An experienced worker shall have successfully performed at least 40 hours of work involving the disturbance of asbestos at asbestos disposal sites. A worker-in-training shall be those individuals that have not yet met the work experience requirements of 40 hours (See Env-A 1812.08(b)).
<input type="checkbox"/>	5. If this is a renewal application, a list of all asbestos disposal sites that the certificate holder has worked on since the date of the last certification, including:
<input type="checkbox"/>	Date the project started and date project ended.
<input type="checkbox"/>	Address where project occurred or site location.
<input type="checkbox"/>	Name of property owner.
<input type="checkbox"/>	Name, address, and telephone number of the license holder for whom you performed the work.
<input type="checkbox"/>	Name, address, and telephone number of the project site supervisor.
<input type="checkbox"/>	The nature of the work performed.
<input type="checkbox"/>	No projects in the last year.

VII. STATEMENT OF COMPLIANCE**YOU MUST READ, OR HAVE READ TO YOU, THE FOLLOWING STATEMENT AND SIGN ON THE LINE PROVIDED.**

To the best of my knowledge and belief, the information and material submitted herein is correct and complete. I understand that any certification 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.

Applicants Signature:

Print Name:

Date:

ADDITIONAL INSTRUCTIONS:

1. Certificate renewal applicants must attach a copy of their current certificate.
2. 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**

3. Do not send application without appropriate application fee as specified in Env-A 1812.04(d):

\$50.00 - For a New Application, or

\$50.00 - For a Renewal Application

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

“Treasurer - State of New Hampshire”

ALLOW 3-4 BUSINESS DAYS FOR THE PROCESSING OF APPLICATIONS