



# RI Department of Health

## Application and Instructions for:

Asbestos Supervisor

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM**  
**PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted, and your application will be returned to you. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)

Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health (RIDOH)  
Center for Healthy Homes and Environment  
Room 206 - 3 Capitol Hill  
Providence, RI 02908-5097

- 1) Application fee of **\$100.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below:

<b>Required Documentation</b>	Copy of current certificate(s) indicating successful completion of an Asbestos Supervisor training course required by § 1.18.8(A) of RIDOH Regulation 216-RICR-50-15-1 – Asbestos Control. Any training course taken earlier than 12 months prior to application must be supplemented by an Asbestos Supervisor review course as required by § 1.18.8(C) of 216-RICR-50-15-1.
<b>Performance Requirements</b>	You must work under the authority of a RIDOH-licensed Asbestos Contractor required by § 1.4.2(A)&(B) of 216-RICR-50-15-1.
	You must call (401) 222-7796 when on-site preparation of an approved asbestos abatement project begins in accordance with § 1.8.1(B) of 216-RICR-50-15-1.
	You may not work beyond the expiration date of your most recent training course certificate until you successfully complete an Asbestos Supervisor review course required by § 1.18.8(C) of 216-RICR-50-15-1.

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or [doh.asbestos@health.ri.gov](mailto:doh.asbestos@health.ri.gov) if you have questions about the application process.

Please make a photocopy of your entire completed application for your records before mailing it to RIDOH. RIDOH is not responsible for providing you with a photocopy of your application.

Please allow RIDOH fifteen (15) business days to process your application.

You will be notified by mail when to come to RIDOH to have your photograph taken and your ID badge printed.

You may check the status of your application at: <https://healthri.mylicense.com/Verification>

**PLEASE NOTE: RIDOH can no longer handle applications on a "walk-in" basis. Please do not drop applications off at RIDOH.**

## State of Rhode Island and Providence Plantations Department of Health

**Name:**

This is the name that will be printed on your License and reported to any inquiries about this License.

Do not use nicknames, etc.

Name: \_\_\_\_\_  
Prefix First Name Last Name Suffix  
(Mr./Mrs./Dr.) (Jr/III)

**Date of Birth:**

Date of Birth:   -   -      
Month Day Year

**Gender:**

Male  Female

**Residence Information:**

You must notify RIDOH of all address, phone number and email changes.

**(Not published on RIDOH's website).**

Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 Address Line 3 \_\_\_\_\_  
 Address City, State, Zip Code \_\_\_\_\_  
 Address Country \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Business/Employment Information:**

Company Name \_\_\_\_\_  
 Company License Number: \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 Address Line 3 \_\_\_\_\_  
 Address City, State, Zip Code \_\_\_\_\_  
 Address Country \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**SSN:  
(Social Security Number)**

**Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**

SSN:    -   -

<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p>If yes, please provide details. Attach additional sheets if necessary.</p>	<ol style="list-style-type: none"> <li>Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend an asbestos abatement site supervisor license and/or other authorization to function as an asbestos abatement site-supervisor held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><b><u>This Application Must be Signed by the Applicant</u></b></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p><b>Signature</b> <span style="float: right;">_____</span></p> <p style="float: right;"><b>Date of Signature (MM/DD/YY)</b></p>