



RI Department of Health

Application and Instructions for:

Asbestos
Competent Person

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

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) There is no fee for this license.
- 2) Attachments as listed below:

Required Documentation	Copy of current certificate(s) indicating successful completion of an Asbestos Competent Person training course required by § 1.19.2(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 Competent Person review course required by § 1.19.2(B) of 216-RICR-50-15-1.
Performance Requirements	Your scope of work as an Asbestos Competent Person is limited to “spot repair” in accordance with § 1.15 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 a Competent Person review course as required by § 1.19.2(B) 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 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 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

<p>Name:</p> <p>This is the name that will be printed on your License and reported to any inquiries about this License.</p> <p>Do not use nicknames, etc.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr./Mrs./Dr.)</td> <td style="text-align: center; width: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 15%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)
Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)		
<p>Date of Birth:</p>	<p>Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: small; text-align: center;">Month Day Year</p>				
<p>Gender:</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>				
<p>Residence Information:</p> <p>You must notify RIDOH of all address, phone number and email changes.</p> <p>(Not published on RIDOH's website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>				
<p>Business/Employment Information:</p>	<p>Company Name _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>				
<p>SSN: (Social Security Number)</p>	<p>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.</p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>				

<p>Competent Person Category:</p> <p>(CHECK <u>ONE</u> ITEM ONLY)</p>	<p> <input type="checkbox"/> Designated by Public Official <input type="checkbox"/> Designated by Private Facility </p> <p>Indicate name and title of official making the designation, as well as the building(s) in which the applicant is responsible for any asbestos related activity.</p> <p>_____</p> <p>_____</p> <hr/> <p> <input type="checkbox"/> Undesignated Public Agency </p> <p>Indicate the basis for requesting said designation, as well as the building(s) for which said application is being made.</p> <p>_____</p> <p>_____</p> <hr/> <p> <input type="checkbox"/> Incidental to Primary Trade (Plumber, Oil Burner Repair, Etc.) <input type="checkbox"/> Other (Specify) _____ </p> <p>Indicate the applicant's primary trade and the nature of asbestos related activity that the applicant proposes to engage in. If specific building(s) and/or types of buildings are known, they should also be identified.</p> <p>_____</p> <p>_____</p>
<p>Enforcement Actions:</p> <p>If yes, please provide details. Attach additional sheets if necessary.</p>	<p>1. Has any federal, state or local jurisdiction ever revoked or suspended any asbestos related license, certification and/or authorization held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></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>Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date of Signature (MM/DD/YY)</p>