

RI Department of Health

Application and Instructions for:



Competent Person

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

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your license/permit will not be issued. Please use a ball point pen. Information can be obtained on our website at <http://www.health.ri.gov/environment/occupational/asbestos/licensing.php>
- If you are submitting this application by mail you must include the following:
 1. Completed, signed application (No Fee Required)
 2. Electronic full-face color digital photograph
 3. Attachments as listed below

Mail to: Rhode Island Department of Health
Healthy Environment Team – Asbestos Program
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

PLEASE NOTE: OUR OFFICE IS NOW OPEN TO THE PUBLIC MONDAY, TUESDAY, THURSDAY AND FRIDAY FROM **10:00 am TO 12:00 pm** AND **1:00 pm TO 3:00 pm**. **THERE WILL BE NO LICENSING ON WEDNESDAYS.**

DOORS WILL BE CLOSED AT ALL OTHER TIMES. PLEASE COME TO ROOM 206 FOR LICENSES ONLY DURING THESE HOURS.

PLEASE DO NOT LEAVE ANY DOCUMENTS WITH OTHER OFFICES.

If you have any questions concerning this application, call the Department of Health, **Asbestos Program** at (401) 222-7750.

Documentation of Required Training	(A) Attach original or certified copies of certificate(s) indicating successful completion of an Agency approved fourteen (14) hour Competent Person training course
---	--

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 those that inquire about your 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: 30%;">First Name</td> <td style="text-align: center; width: 30%;">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/Place 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="text-align: center; font-size: small;">Month Day Year</p> <p>Place of Birth: _____</p>				
<p>Gender:</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>				
<p>Residence Information:</p> <p>It is your responsibility to keep the Department apprised of all address and phone number changes.</p> <p>(Not published on the HEALTH web site).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</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, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>				
<p>SSN:</p> <p>(Social Security Number)</p>	<p>Pursuant to Chapter 75 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>				

