

RI Department of Health 3 Capitol Hill, Room 206 Providence, RI 02908-5097 www.health.ri.gov

RI Department of Health

Application and Instructions for:

Asbestos Consultation Services Inspector

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 <u>www.health.ri.gov.</u>

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 **\$200.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below

Required	Copy of current certificate(s) indicating successful completion of an Asbestos Inspector training
Documentation	course as required by § 1.21.2(A)(1) 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 Worker Review Course as required by §1.21.7(A)(1).

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or <u>doh.asbestos@health.ri.gov</u> 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 review 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				
Business/Employment Information :	Company Name				
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.				

Enforcement Actions in Other Jurisdictions: If Yes, please provide details. Attach additional sheets if necessary.	1. 2.	Has any federal, state or local jurisdiction ever revoked of and/or authorization to perform asbestos consultation here.	eld by the applicant?	
Affidavit of Applicant Read, sign, and date this affidavit.	reservat herein a act shall	This Application Must be Signed by the Applicant 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. 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.		
	Signat	ire	Date of Signature (MM/DD/YY)	