

RI Department of Health

Application and Instructions for:



Asbestos Training Courses

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/index.php>
- **Completed application and fee(s) made payable to General Treasurer, State of Rhode Island should be submitted to:**

Rhode Island Department of Health
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.

<p>Asbestos Training Course(s) Submitted (check ALL applicable items):</p> <p><u>Attach documentation to demonstrate compliance with the appropriate sections of subpart D.1 of the Rhode Island Rules and Regulations for Asbestos Control. Each attachment must clearly identify the specific paragraph(s) being addressed.</u></p>	<p>CHECK ALL THAT APPLY</p> <ul style="list-style-type: none"><input type="checkbox"/> 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b))<input type="checkbox"/> 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a))<input type="checkbox"/> 24 Hour Initial Asbestos Inspection Services (EPA Model Plan)<input type="checkbox"/> 24 Hour Initial Asbestos Project Designer (EPA Model Plan)<input type="checkbox"/> 16 Hour Initial Asbestos Management Planner (EPA Model Plan)<input type="checkbox"/> 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a))<input type="checkbox"/> 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c))<input type="checkbox"/> 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan)<input type="checkbox"/> 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c))<input type="checkbox"/> 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c))<input type="checkbox"/> 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan)<input type="checkbox"/> 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan)<input type="checkbox"/> 8 Hour Project Designer Annual Review (EPA Model Plan)<input type="checkbox"/> Other – Specify _____
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**State of Rhode Island and Providence Plantations
Department of Health**

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which this certificate is being requested.</p>	<p>Name: _____</p>								
<p>Facility Contact:</p> <p>Please provide the facility. Phone, Fax and Email Information</p>	<p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>								
<p>Facility <u>Mailing</u> Information:</p> <p>Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information</p> <p>(Not published on HEALTH website).</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>Facility Location Information</p> <p>Please provide the location information for this facility</p> <p>(Published on HEALTH website).</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>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									
<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zipcode _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Asbestos Training Course(s) Submitted (check ALL applicable items):</p> <p>Fees should be in the form of a check or money order, payable to "General Treasurer, State of RI"</p>	<p>CHECK ALL THAT APPLY – THEN TOTAL THE FEES</p> <p><input type="checkbox"/> Amendment Fee (per course) @\$60.00</p> <p><input type="checkbox"/> Application Fee (per course) @\$100.00</p> <p><input type="checkbox"/> 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b)) @\$980.00</p> <p><input type="checkbox"/> 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a)) @\$780.00</p> <p><input type="checkbox"/> 24 Hour Initial Asbestos Inspection Services (EPA Model Plan) @\$590.00</p> <p><input type="checkbox"/> 24 Hour Initial Asbestos Project Designer (EPA Model Plan) @\$590.00</p> <p><input type="checkbox"/> 16 Hour Initial Asbestos Management Planner (EPA Model Plan) @\$390.00</p> <p><input type="checkbox"/> 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a)) @\$390.00</p> <p><input type="checkbox"/> 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c)) @\$300.00</p> <p><input type="checkbox"/> 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan) @\$300.00</p> <p><input type="checkbox"/> 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c)) @\$300.00</p> <p><input type="checkbox"/> 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c)) @\$300.00</p> <p><input type="checkbox"/> 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan) @\$170.00</p> <p><input type="checkbox"/> 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan) @\$170.00</p> <p><input type="checkbox"/> 8 Hour Project Designer Annual Review (EPA Model Plan) @\$300.00</p> <p><input type="checkbox"/> Other – Training Course @ \$ _____</p> <p>TOTAL FEE(S) SUBMITTED: \$ _____</p>
<p>Certification/Authorization in other Jurisdictions</p>	<p>Indicate all other federal, state or local jurisdictions in which the applicant currently has certification or other authorization to conduct each of the asbestos training courses identified above. Attach copies of all such certifications and/or authorizations.</p> <p>_____ <input type="checkbox"/> check if Not Applicable</p>
<p>Enforcement Actions in Other Jurisdictions:</p> <p>If yes, to any of these questions please provide details. Attach a separate sheet if needed.</p>	<p>1. Has any federal, state or local jurisdiction ever revoked, suspended, an asbestos training certificate and/or other authorization to conduct asbestos training held by the applicant and/or any principal in the applicant's organization? <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 and/or any principal in the applicant's organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
<p>SSN/FEIN:</p> <p>(Social Security Number/Federal Employer Identification Number)</p> <p>If you are a sole proprietor this number may be your 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>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p> <p><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>_____ Signature</p> <p>_____ Date of Signature - (MM/DD/YY)</p>