

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM
APPLICATION FOR CERTIFICATION OF INDIVIDUALS PROVIDING
ASBESTOS CONSULTATION SERVICES

1. TYPE OF APPLICATION: **Initial** **Renewal** **Amendment**

If Renewal or Amendment, current certificate number(s):

AAC – _____

2. APPLICANT:

Name: _____

Firm: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS CONSULTATION SERVICES REQUESTED:

(Check ALL applicable items)

Asbestos Inspection Services [D.4.2 (b) (4)]

Asbestos Project Designer Services [D.4.2 (b) (5)]

Asbestos Management Planner Services [D.4.2 (b) (6)]

4. DOCUMENTATION OF REQUIRED TRAINING:

Attach **original or certified copy** of certificate(s) indicating successful completion of all required training for each consultation service requested. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal applications should only include **original or certified copies** of certificates for training courses not already on file with the Agency.

5. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds an asbestos consultant certificate or other authorization to perform asbestos consultation. Attach copies of all such certificates and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos consultant certificate and/or other authorization to perform asbestos consultation held by the applicant?

() Yes () No

If Yes, provide details.

B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant?

() Yes () No

If Yes, provide details.

7. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

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.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN)

Date of Birth

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

8. FEES:

___ Initial area to be certified with this application @ \$200.00

___ Additional area(s) to be certified with this application @ \$100.00

TOTAL FEE(S) SUBMITTED: \$ _____

*** fee must be paid by check or money order payable to "General Treasurer – State of RI"**

Completed application, appropriate licensure fee (check or money order), and (if applying by mail) an electronic full-face color digital photograph should be submitted to:

**Rhode Island Department of Health
Healthy Environment Team – Asbestos Program
3 Capitol Hill, Room 206
Providence, Rhode Island 02908-5097
(401) 222-3601**

<http://www.health.ri.gov/environment/occupational/asbestos/licensing.php>