

New York City Department of Environmental Protection
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor
 Flushing, New York 11373

(718) 595-3693
 (718) 595-3695

Application for Asbestos Certification

<p>1. Certification Type:</p> <table style="width: 100%;"> <tr> <td style="width: 70%;"><input type="checkbox"/> Asbestos Handler</td> <td style="text-align: right;">Application Fee \$100.00</td> </tr> <tr> <td><input type="checkbox"/> Restricted Asbestos Handler</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td><input type="checkbox"/> Asbestos Supervisor</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td><input type="checkbox"/> Asbestos Investigator</td> <td style="text-align: right;">\$250.00</td> </tr> </table>	<input type="checkbox"/> Asbestos Handler	Application Fee \$100.00	<input type="checkbox"/> Restricted Asbestos Handler	\$ 50.00	<input type="checkbox"/> Asbestos Supervisor	\$100.00	<input type="checkbox"/> Asbestos Investigator	\$250.00	<p>2. Application Type:</p> <p><input type="checkbox"/> Initial <input type="checkbox"/> Renewal</p> <p>Specify which certificate you are renewing: Certificate #: _____ Expiration Date: ____/____/____</p> <p><input type="checkbox"/> Duplicate (1st Time \$25/ 2nd Time \$50)</p>
<input type="checkbox"/> Asbestos Handler	Application Fee \$100.00								
<input type="checkbox"/> Restricted Asbestos Handler	\$ 50.00								
<input type="checkbox"/> Asbestos Supervisor	\$100.00								
<input type="checkbox"/> Asbestos Investigator	\$250.00								
<p>3. Social Security #: _____ - _____ - _____</p>	<p>4. DMV #: _____</p>								
<p>5. Last Name: _____</p> <p>6. First Name: _____ Middle Initial: _____</p>									
<p>7. Mailing/Home Street Address _____ Apt. #: _____</p> <p>8. City or Town: _____ State: _____ Zip Code: _____</p> <p>9. Home Tel. #: (____) _____ - _____ 10. Work Tel. #: (____) _____ - _____</p> <p>Asbestos Investigators: I want my work telephone number posted on the DEP web site. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<p>11. Birthday: ____/____/____ <small>(Month/Day/Year)</small></p>	<p>12. Height: ____ Feet ____ Inches</p>	<p>13. Weight: _____ Pounds</p>	<p>14. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>						
<p>15. All Applicants:</p> <p><input type="checkbox"/> NYC Office of Child Support Certification Attached <input type="checkbox"/> Copy of NYS DMV ID or License Attached <input type="checkbox"/> Copy of Social Security Card Attached <input type="checkbox"/> NYS DOH Form 2832 Proof of Training Attached</p>		<p>15A. Duplicate Certification</p> <p><input type="checkbox"/> Lost Certificate <input type="checkbox"/> Damaged Certificate <input type="checkbox"/> Information Change</p>							
<p>16. Name of Current Employer: _____</p> <p>Street Address: _____ Start Date of Employment: ____/____/____ <small>(Month/Year)</small></p> <p>City or Town: _____ State: _____ Zip: _____</p>									
<p>17. Initial Supervisors Only:</p> <p><input type="checkbox"/> Appendix C Attached Which category are you applying under? Mark only one. <input type="checkbox"/> Appendix F Attached <input type="checkbox"/> §1-14(b)(4)(i) <input type="checkbox"/> §1-14(b)(4)(ii) <input type="checkbox"/> §1-14(b)(4)(iii) <input type="checkbox"/> §1-14(b)(4)(iv)</p> <p>Do you presently have a NYCDEP Asbestos Handler Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, certificate number: _____ Expiration Date: ____/____/____ <small>(month/day/year)</small></p> <p>Do you presently have a valid asbestos certificate/license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State: ____ Expiration Date: ____/____/____ <small>(month/day/year)</small></p>									
<p>18. Initial Investigators Only:</p> <p><input type="checkbox"/> Appendix A Attached <input type="checkbox"/> Appendix B Attached <input type="checkbox"/> Appendix D Attached <input type="checkbox"/> Appendix E Attached</p> <p>Which of the following categories are you applying under? Mark only one. <input type="checkbox"/> §1-16(b)(1) <input type="checkbox"/> §1-16(b)(2) <input type="checkbox"/> §1-16(b)(3) <input type="checkbox"/> §1-16(b)(4) <input type="checkbox"/> §1-16(b)(5)</p>	<p>19. Renewal Investigators Only:</p> <p><input type="checkbox"/> Appendix A Attached <input type="checkbox"/> Appendix B Attached</p>								

20. I, _____, the undersigned, authorize the New York City Department of Environmental Protection (NYCDEP) to request that the Department of Motor Vehicles of the State of New York (DMV) produce an ID card bearing my DMV photo subject to compliance with the identification requirements of the DMV. I understand that DMV will send this ID card to the address specified in my DEP application form. I also understand that DEP and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with NYCDEP.

I certify that all statements on this application, including appendices and other documents I have submitted are true and complete to the best of my knowledge. I understand that false or misleading statements shall be sufficient cause for disqualification, suspension, or revocation of an asbestos certificate issued under this application.

Lastly, I acknowledge that lost certificates must be immediately reported; and that failure to report a lost or stolen certificate may result in a fine or other punitive action.

Applicant Signature: _____

Date: _____

| Print Name: _____

In order to avoid delays in processing your application please carefully read the certification requirements in Title 15, Chapter 1 of the Rules of the City of New York and the accompanying instruction sheet. Incomplete or illegible information will cause a delay in receiving your certificate.