FORM B

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Verification of Field Experience

INSTRUCTIONS: *Complete the top portion of this form and forward it to the employer(s) where you have completed the required field experience.*

REQUIREMENTS:

1. Lead Inspector-Risk Assessor – 25 inspections over a 3 month period
2. Asbestos Inspector – 2 months field experience
3. Asbestos Management Planner – 3 months field experience
4. Asbestos Project Designer – 6 months field experience
5. Asbestos Project Monitor – 6 months field experience

Name: _____ Date of Birth: _____/_____/_____

Credential for which you have submitted application: _____

Employer listed on your application: _____

Dates of Employment: _____/_____ to _____/_____
mm *yyyy* *mm* *yyyy*

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

I certify that the above individual completed a minimum of _____ (months field experience) / (inspections) from

_____/ _____ to _____ /_____ under the direct supervision of _____,
mm *yyyy* *mm* *yyyy* *Name of Supervisor*

_____, who is licensed in the discipline for which the above individual is applying.
License Number

NAME: _____ **TITLE:**_____

TELEPHONE: _____ **DATE:** _____

SIGNATURE: _____

MAIL TO:

Connecticut Department of Public Health
Environmental Practitioner Licensing Unit (EPLU)
410 Capitol Ave, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559 fax: (860) 509-7295

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