



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT WORKER OR SUPERVISOR CERTIFICATION APPLICATION

IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED "WALK-IN MEETINGS". IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.

- ◆ The fee for initial certification covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for certification, the process of certificate issuance will proceed immediately. Also, please be aware that subsequent certification renewal fees are separate and distinct from the application fee. Certificates are renewed annually during the certificate holder's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of certification.
- ◆ It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. **It is not the responsibility of the Department to notify applicants of incomplete documentation.** It is recommended that applicants who are interested in expediting licensure contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
- ◆ No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to, "TREASURER, STATE OF CONNECTICUT" in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application; **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR CERTIFICATION.**
- ◆ Certificate requirements are subject to change as a result of new legislation, rules and regulations, or from new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current requirements.
- ◆ Any incomplete application, which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.

Phone # (860) 509-7559

*410 Capitol Avenue - MS # 51EPL
P.O. Box 340308, Hartford, CT 06134
An Equal Opportunity Employer
www.ct.gov/dph*

Telephone device for the deaf (860) 509-7191

ASBESTOS ABATEMENT WORKER OR SITE SUPERVISOR CERTIFICATION

ELIGIBILITY

An applicant for asbestos abatement worker or supervisor certification must meet the following eligibility requirements:

- ✓ Successful completion of the training requirements as set forth in Subsection 20-440- 7(c) of the Regulations of Connecticut State Agencies.

DOCUMENTATION REQUIRED

Please arrange for submission of the following:

◆ INITIAL LICENSURE

1. A completed, notarized application with photograph; and fee (\$25.00/WORKER, \$50.00/SUPERVISOR) in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; AND
2. a legible copy of the applicant's initial and most current training certificate from an approved Connecticut training provider, http://www.ct.gov/dph/LIB/dph/environmental_health/asbestos/pdf/asb_courses.pdf or a training provider that meets the US EPA Model Accreditation Plan (MAP) requirements; AND
3. *if applicable*, official verification, sent directly from each state licensing authority where the applicant currently holds or has held a license, certification, accreditation or approval for asbestos abatement work. (*use enclosed FORM #1*).

◆ REINSTATEMENT

1. A completed, notarized application with photograph; and fee (\$25.00/WORKER, \$50.00/SUPERVISOR) in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; AND
2. synopsis of professional activities since lapse in licensure; AND
3. a legible copy of the applicant's most current training certificate from an approved Connecticut training provider or a training provider that meets the US EPA Model Accreditation Plan (MAP) requirements; AND
4. *if applicable*, official verification sent directly from the appropriate authority of any license(s)/certificate(s), current or expired, out of state (*use enclosed FORM #2*).

RECIPROCITY

Please note that the state of licensure, certification or approval must maintain licensure standards equal to or higher than those of this state in order to be eligible for reciprocity in this state.

ELIGIBILITY

The commissioner may issue a certificate to any individual who is certified in another state under a law that provides standards equal to or higher than those of Connecticut and who is not subject to any unresolved complaints or pending disciplinary actions, unless the application is otherwise subject to denial pursuant to section 19a-14(a)(6) of the Connecticut General Statutes.

DOCUMENTATION REQUIRED

1. A completed notarized application with a photograph and fee (\$25.00/WORKER, \$50.00/SUPERVISOR) in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; AND
2. *if applicable*, official verification, sent directly from each state licensing authority where the applicant currently holds or has held a license, certification, accreditation or approval for asbestos abatement work (*use enclosed FORM #1*).

All documentation must be sent directly to:

Department Of Public Health
Asbestos Abatement Certification
410 Capitol Avenue, MS #51EPL, P.O. Box 340308,
Hartford, CT 06134-0308
www.ct.gov/dph
(860) 509-7559

Cert#: _____ Issued: ____/____/____
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STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 ASBESTOS ABATEMENT WORKER OR SITE SUPERVISOR CERTIFICATION
 APPLICATION

CHECK ONE: INITIAL APPLICATION: APPLICATION FOR REINSTATEMENT:
 CT issued license # _____

TYPE OF CERTIFICATION : *Indicate type of certification applying for.*

ASBESTOS ABATEMENT WORKER: ASBESTOS ABATEMENT SUPERVISOR:

Last name: _____ First name: _____ MI: _____ Maiden name: _____

Date of birth: ____/____/____ SS #: _____~____~____ Gender: _____

Name and Mailing Address: This is how your name and address will appear on your official certification card and for all mailings from this office. This information may be released pursuant to Freedom of Information requests.

Name on Certificate _____

Address: _____

City, State, Zip: _____

Daytime phone number: (____) _____ E-mail: _____

FEIN : _____

LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES/TRIBES: List all states, other than Connecticut, and tribes (in which you have ever been licensed, certified, accredited or approved in any asbestos abatement or consulting discipline. ***You must forward a copy of the verification form (FORM #1) to the state(s) and tribe(s) in which you have ever been licensed, certified, accredited or approved.***

State/Tribe	Type of Lic./Cert.	Lic./Cert./Accrd./Apprv.#	Exp. Date

STATEMENT OF PROFESSIONAL HISTORY:

Answer questions A-G below by checking YES or NO. If you answer YES, follow directions below.

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work?

YES NO

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

YES NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?

YES NO

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

YES NO

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?

YES NO

If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

YES NO

If yes, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

YES NO

If yes, give full details, including, but not limited to, names and dates, on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

PHOTOGRAPH:



NOTARIZATION:

On this _____ day of _____ in the year _____, _____ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ in the year _____.

Signature of Notary Public

My Commission expires

PLEASE SEND APPLICATION TO:

Asbestos Abatement Certification, Department of Public Health
410 Capitol Avenue, MS#12MQA
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559

Privacy Act: The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. The following information is provided to comply with these requirements. Disclosure of the social security number is mandatory, pursuant to Section 17b-137a(1), Connecticut General Statutes. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.

FORM # 1

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VERIFICATION OF LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN AN ASBESTOS ABATEMENT OR CONSULTANT DISCIPLINE

APPLICANT: Complete the top portion of this form and forward it to the state(s) and tribe(s) (other than Connecticut) where you have been/are licensed/certified/accruited/approved in any asbestos abatement or consultant discipline. You may make a copy of this form if you are licensed/certified/accruited/approved in more than one state/tribe.

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

Address: _____ SSN: _____

Connecticut Asbestos Certification Category Applying for: _____

License/Certificate/Accreditation/Approval Number: _____ Date Issued: _____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING/CERTIFYING AGENCY USE ONLY

This is to certify that the above named individual was issued a license/certificate/accruited/approval number _____ to work as a _____ (type/discipline) on ____/____/____ (date of issuance).

1. Current Status: Active Inactive Lapsed

2. Expiration Date: ____/____/____

3. Does your state require a training program which conforms to the standards set by the U.S Environmental Protection Agency?
YES NO

4. Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint: YES NO

If Yes, please forward all publicly discloseable information regarding the encumbrance and basis for same. Please advise this office if you require a consent for release of this information from the applicant.

NAME: _____ TITLE: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

PLEASE FORWARD THIS FORM DIRECTLY TO:

Asbestos Abatement Certification, Department of Public Health
410 Capitol Avenue, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559
Fax: (860) 509-7378