

Ohio Environmental Protection Agency  
**Asbestos Certification Application**  
 Ohio Administrative Code Chapter 3745-22

- Complete one application typed or printed legibly in ink, for each certification category.
- Attach a copy of the applicant's training course certificate(s). If training was completed through an Ohio EPA approved training course provider, the applicant may enter the training course certificate number in Box #21 below in lieu of attaching the training course certificate.
- Provide one clear, current and color photo of the applicant only by one of the following methods:
  - Photo e-mailed to [asbestos@epa.ohio.gov](mailto:asbestos@epa.ohio.gov). Name file with applicant's last name and last four digits of social security number (jones 1234).
  - Photo attached to application with applicant's name written on back of the photo.
- Attach check or money order, made payable to Treasurer, State of Ohio.
- Mail to: Ohio EPA, Asbestos Program, PO Box 1049, Columbus, OH 43216-1049.

Application Type – <b>Check only one</b>			
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Certification # _____			
Certification Category – <b>Check only one</b>			
<input type="checkbox"/> Asbestos Hazard Abatement Specialist      \$200.00		<input type="checkbox"/> Asbestos Hazard Abatement Air Monitoring Technician      \$100.00	
<input type="checkbox"/> Asbestos Hazard Evaluation Specialist      \$200.00		<input type="checkbox"/> Asbestos Hazard Abatement Worker      \$50.00	
<input type="checkbox"/> Asbestos Hazard Abatement Project Designer      \$200.00			
1. Last 4 Digits of Social Security Number		2. Date of Birth	
		3. Mail my certification letter and identification card to: <input type="checkbox"/> Applicant address <input type="checkbox"/> Employer Address	
4. First Name		5. Middle Name	
		6. Last Name	
7. Home Address		8. City	
		9. State	
		10. Zip	
11. Home Phone		12. E-mail Address	
13. Employer		14. Employer Phone	
		15. Fax Number	
16. Employer Address		17. City	
		18. State	
		19. Zip	
20. E-mail Address		21. Training Course Certificate Number (If ODH approved course)	
22. List other state asbestos licenses or certificates you hold or have held.			
23. Have you ever been convicted of a felony under any state or federal law designated to protect the environment?  <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.			
24. If you are a United States armed forces service member or veteran, or the spouse or surviving spouse of a service member or veteran and would like to receive priority expedited certification processing, check <input type="checkbox"/> Yes. If Yes, mark the appropriate box below and submit acceptable proof of service member or veteran status as required by Ohio Administrative Code rule 3745-22-03(B). <input type="checkbox"/> Service Member <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse			

Provision of your social security number (SSN) is mandated by Ohio Revised Code section 3123.50 and Ohio Administrative Code Chapter 3745-22. Your SSN may be used for purposes including, but not limited to, identification of obligators under child support orders and verification of identity.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course certificate(s) and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

**Knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made in order to gain approval is a criminal offense. See Ohio Revised Code section 2921.13.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date