

Ohio Environmental Protection Agency

Request for Replacement of Asbestos Certification

Read carefully all the instructions and questions before completing this form.

1. Replacement card request including check shall be sent to the Ohio EPA, Asbestos Program, P.O. Box 1049, Columbus, Ohio 432165-1049.
2. Checks or money orders shall be made payable to: Treasurer, State of Ohio, for the amount as specified below.
3. Any person certified by the State of Ohio to perform duties related to asbestos must maintain proof of valid certification at all times while at a project site as required by Chapter 3745-22 of the Ohio Administrative Code.

Name	Last 4 Digits of Social Security Number
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	Certification Type	Certification Number	Replacement Fee
Check the desired certification and pay the corresponding nonrefundable fee.	<input type="checkbox"/> Asbestos Abatement Worker		\$20.00
	<input type="checkbox"/> Asbestos Abatement Specialist		\$50.00
	<input type="checkbox"/> Asbestos Evaluation Specialist		\$50.00
	<input type="checkbox"/> Air Monitoring Technician		\$30.00
	<input type="checkbox"/> Asbestos Project Designer		\$50.00

Current Mailing Address		
City	State	ZIP

Company Working for

Reason for replacement	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
	Date when card was initially misplaced

I agree to obtain a replacement card from the Ohio Environmental Protection Agency within thirty (30) days from signing this request form.

Signature of applicant	Date
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Do not write in space below, Ohio Environmental Protection Agency use only

Inspector's name	Project ID#
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