



Asbestos Certification Application

Division of Air Pollution Control

<i>Ohio EPA Use Only</i>	Revenue #:	Check ID:	Date Received:	Check Amount: \$
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For fastest processing apply online at epa.ohio.gov/asbestos.

- Enclose a check or money order, payable to "Treasurer, State of Ohio."
- Mail to: Ohio EPA, Asbestos Program, PO Box 1049, Columbus, OH 43216-1049.

Asbestos Hazard Application Type: (Check at least one)			Certification #	Fee
<input type="checkbox"/> Abatement Specialist (Supervisor)	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	AS	\$200.00
<input type="checkbox"/> Evaluation Specialist (Building Inspector/Management Planner)	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	ES	\$200.00
<input type="checkbox"/> Abatement Project Designer	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	PD	\$200.00
<input type="checkbox"/> Air Monitoring Technician	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	AM	\$100.00
<input type="checkbox"/> Abatement Worker	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	WK	\$50.00

1. First Name:		Middle Initial:	Last Name:	
Last 4 Digits of SSN:	Date of Birth: / /	Phone: () -	Email:	
Home Address:		City:	State:	Zip:

2. Employer:			
Employer Address:			Employer Phone: ()
City:	State:	Zip:	Email:

3. Mail my certification letter and card to: <input type="checkbox"/> Home <input type="checkbox"/> Employer:	
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4. Training Course Certificate Number (if Ohio EPA approved course):	
If training was not taken through an Ohio EPA approved training course provider, attach a copy of the applicant's training course certificate(s) to this application.	

5. List other state asbestos licenses or certifications you currently hold or have held:	
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6. Has the applicant ever been convicted of a Federal or State felony related to protecting the environment ?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a detailed explanation).	

7. Veteran Status:	
If applicant is 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 this box: <input type="checkbox"/> .	
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	

8. Photo	
Provide one current, clear, color photo of the applicant by one of the following methods:	
<input type="checkbox"/> Photo emailed to asbestoslicensing@epa.ohio.gov . Name the file using last name and last 4 digits of SSN (i.e. Jones 1234)	
<input type="checkbox"/> Photo attached to application with applicant's name on back of photo and last 4 digits of SSN	

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 submission of this application, I solemnly swear that the answers I have given on this application and all other information submitted, are accurate, complete and true to the best of my knowledge.

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

Name of Submitter:	Date: / /
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