



Request for Replacement of Asbestos License/Certification Card

Division of Air Pollution Control

<i>Ohio EPA Use Only</i>	Revenue #:	Check ID:	Date Received:	Check Amount: \$
	Inspector Name:	Date:	Project ID#:	

For fastest processing apply online at epa.ohio.gov/asbestos.

Please read carefully all the instructions and questions before completing this form.

- **For Individual Certification replacement, complete sections 1, 2, 3, & 5, include name of submitter.**
- **For Contractor License replacement, complete sections 1, 4 & 5, include name of submitter.**
- Include check or money order payable to "Treasurer, State of Ohio".
- Mail to: Ohio EPA, Asbestos Program, PO Box 1049, Columbus, OH 43216-1049

1. Contractor License / Asbestos Hazard Certification Type: (Check at least one)	License/Certification Number	Replacement Fee
<input type="checkbox"/> Contractor License	AC	\$200.00
<input type="checkbox"/> Abatement Worker	WK	\$20.00
<input type="checkbox"/> Abatement Specialist (Supervisor)	AS	\$50.00
<input type="checkbox"/> Evaluation Specialist (Bldg. Inspector/Mgmt. Planner)	ES	\$50.00
<input type="checkbox"/> Air Monitoring Tech	AM	\$30.00
<input type="checkbox"/> Asbestos Project Designer	PD	\$50.00
2. Individual Certification Replacement		
First Name:		Last Name:
Home Address:		Last 4 digits of your SSN:
City:	State:	Zip: Phone: () -
Email:		
Employer (Optional information if you want card mailed to employer):		
Employer Name:		
Employer Address:		Employer Phone: () -
City:	State:	Zip:
Employer Email:		
3. Mail To: (Choose Only One) <input type="checkbox"/> Personal Address <input type="checkbox"/> Employer Address <input type="checkbox"/> Other Address (if "Other", then complete below)		
Other Address:		
City:	State:	Zip:
4. Contractor License Replacement		License #: AC
Contractor Name:		Federal Tax ID: -
Mailing Address:		Phone: () -
City:	State:	Zip:
5. REASON FOR REPLACEMENT:		

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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