



Asbestos Contractor Licensure Application

Division of Air Pollution Control

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

- Application typed or printed legibly in ink.
- \$750.00 check/money order made payable to: Treasurer, State of Ohio.
- Mail to: Ohio EPA, Asbestos Program, PO Box 1049, Columbus, OH 43216-1049.

Application Type (Check only one) <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – License #		Federal Tax ID # -	
1. Contractor Name:			
Contact First Name:		Last Name:	
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Business Phone: () -		Email Address:	
CEO First Name:		Last Name:	
2. List all business entity owners, partners and officer's names, titles and the last 4 digits of the social security numbers (SSN)			
First Name:	Last Name:	Title:	Last 4 Digits of SSN:
3. List the name(s) and certification number(s) of one or more Ohio certified Asbestos Hazard Abatement Specialist(s) employed.			
Name:	Certification #:	Name:	Certification #:
4. List all other state asbestos licenses the business holds or have held and their numbers.			
State:	License #:	State:	License #:
5. Have any incomplete asbestos abatement activities, penalties, citations or lawsuits been filed against the business? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation and how they were resolved.			
6. Has any employee or officer of the business 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, upload a detailed explanation).			
7. Enclose a list of <u>all</u> projects (not just those in Ohio) completed within the last 12 months with the client names, addresses, contact names, phone numbers and completion dates.			
8. Enclose written detailed copy of your respiratory protection program, medical monitoring program, and overall work practices. This information does not need to be submitted for renewal applications unless changes have been made from previous versions.			
9. Enclose proof of registration with the Ohio Secretary of State.			

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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