

ASBESTOS LICENSING APPLICATION FOR INDIVIDUALS

**West Virginia Bureau for Public Health
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Certification and Licensing Program
Capitol and Washington Streets
One Davis Square, Suite 200
Charleston, West Virginia 25301-1798
Telephone (304) 558-2981 Fax (304) 558-0524**

A. General Information (Follow the instructions below. Incomplete application cannot be processed.)

1. Type or print legibly in blue ink. Complete sections A,B and the certification on the back of this application.
2. Attach required documentation.
 - (a) A copy of EPA or West Virginia approved initial or refresher certificate.
 - (b) Applicants for management planner’s license must also possess a valid West Virginia inspector’s license.
 - (c) A separate application form for each license category being applied for.
3. Attach check or money order payable to the **West Virginia Bureau for Public Health.** Tax is not applicable We do not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.
5. License Category and Fee Schedule:

Asbestos Worker	\$ 50.00	Asbestos Abatement Project Designer	\$100.00
Asbestos Abatement Supervisor	\$100.00	Asbestos Air Clearance Monitor	\$100.00
Asbestos Inspector	\$100.00	Resilient Floor Covering Worker	\$ 50.00
Asbestos Management Planner	\$100.00		

Name of Applicant _____ Date of Birth _____
 Social Security Number _____ Drivers License Number (State) _____
 Address _____ City _____
 State _____ Zip _____ County _____
 Home Telephone () _____ Work Telephone () _____
 Employer _____ Address _____ City _____
 State _____ Zip _____ County _____
LICENSE CATEGORY _____ **FEE \$** _____

B. Applicant Attest CERTIFICATION ON BACK MUST BE SIGNED

In accordance with Chapter 16, Article 32 of the Code of West Virginia and the application promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all application licensing requirements.

Signature of Applicant _____ Date _____

C. Health Department Use Only

App. No. _____
 Approved By _____
 Denied By _____
 Issue Date _____
 Mailed To _____

Fee
 Paid By _____
 Amount Paid _____
 Check Number _____
 Date of Check _____
 Date _____

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CERTIFICATION:

PURSUANT TO WV CODE - § 48A-5-5A-5(c) EACH APPLICANT FOR LICENSE MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

- | | Yes | No |
|---|-------|-------|
| 1. Do you have a child support obligation? | _____ | _____ |
| 2. If the answer to question 1 above is yes, are you in arrearage? | _____ | _____ |
| 3. If the answer to question 2 above is yes, does your arrearage equal to or exceed the amount of child support payable for six (6) months? | _____ | _____ |
| 4. Are you the subject of a child support related subpoena or warrant? | _____ | _____ |

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE DENIAL OR SUSPENSION OF YOUR LICENSE.

I _____ do hereby certify, under penalties and false swearing, that the
(Please Print)
above answers are true and correct to the best of my knowledge.

Applicant Signature

Social Security Number