

Asbestos Training Provider Application for West Virginia Accreditation

Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Certification and Licensing Program
350 Capital Street, Room 313
Charleston, WV 25301-3713

Telephone: (304) 558-2981 Fax: (304) 558-0524

Read and follow instructions carefully. Incomplete application will not be processed.

1. Complete form.
2. Include a list of all training instructors along with their qualifications (education, certification, licensing, etc).
3. Include check or money order payable to the West Virginia Bureau of Public Health in the amount of the required fee. Tax is not applicable.
4. Mail completed application, required documentation and licensing fee to the above address.

Provider name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Courses for Accreditation: Initial – \$1,000 per discipline Reaccreditation – \$500 per discipline
Air Clearance Monitor - \$500

Worker: _____ Initial
 _____ Refresher

Supervisor: _____ Initial
 _____ Refresher

Inspector: _____ Initial
 _____ Refresher

Project Designer: _____ Initial
 _____ Refresher

Management Planner: _____ Initial
 _____ Refresher

Air Clearance Monitor: _____ Initial - \$500
 _____ Refresher

Amount Enclosed: _____ (\$3,000 maximum fee)

Office Use Only:

Approved by: _____ Date: _____
Issued: _____ Expires: _____
Mailed to: _____ Date: _____

Fee paid by: _____
Amount paid: _____
Check number: _____