ASBESTOS ANALYTICAL LABORATORY LICENSE APPLICATION
West Virginia Bureau for Public Health
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Certification and Licensing Program
350 Capitol Street
Room 313
Charleston, West Virginia 25301-3713
Telephone (304) 558-2981 Fax (304) 558-0524

Read all instructions carefully. Type or print legibly in blue ink. Application must be signed.
INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

1. Complete form and attach AIHA, NVLAP, or State certification. Include names of all analysts.
2. Attach required fee. Make check or money order payable to the West Virginia Bureau for Public Health. Please DO NOT send cash. Tax is NOT applicable.
3. Mail completed application, all required attachments, and fees to the address above.

A. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name of firm</th>
<th>Business Telephone</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>State</th>
<th>County</th>
<th>Zip</th>
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Registered with WV Tax Department: Yes _____ No _____ WV Tax Number________________________

LICENSE CATEGORY:

<table>
<thead>
<tr>
<th>Analysis Only</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>Air</td>
<td>$200.00</td>
</tr>
<tr>
<td>Bulk</td>
<td>$200.00</td>
</tr>
<tr>
<td>Air &amp; Bulk</td>
<td>$300.00</td>
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</tbody>
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B. APPLICANT ATTEST

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

Signature Owner, Executive Office, Agent: ____________________________________________

Date: ___________ Title: ________________________________________________________

C. Health Department Use Only

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<th>App. No.</th>
<th>Fee:</th>
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Approved By ___________ Date______

Paid

Denied By ___________ Date______

Issue Date ___________ Exp. Date______

Mailed To

Date _______________________________________

Issue Date

Exp. Date

Check Date

Paid By ________________________________________

Amount

Check Number

Date

Date of Check

Date

Date