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
Capitol and Washington Streets
One Davis Square, Suite 200
Charleston, West Virginia 25301-1798
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

Name of firm_________________________________________ County Location________________________

Address ___________________________________________ City________________ State_____ Zip __________

Business Telephone: (______)_________________________ Business Fax: (______)_____________________

Registered with WV Tax Department: Yes _____ No _____ WV Tax Number___________________________

LICENSE CATEGORY:

_____ Air Samples Analysis Only FEE: $200.00

_____ Bulk Samples Analysis Only FEE: $200.00

_____ Air & Bulk Sample Analysis FEE: $300.00

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

Fee:

App. No._________________________________________ Paid By ______________________________

Approved By_____________ Date_______ Amount Paid__________________

Denied By_____________ Date_______ Check Number__________________

Issue Date_________ Exp. Date_________ Date of Check__________________

Mailed To________________________ Date________________