

ASBESTOS CERTIFICATION APPLICATION - COMPANY

Company certification is required under s. DHS 159.14 before performing regulated asbestos abatement or management activities.
Application may be made using this form or online at www.dhs.wisconsin.gov/WALDO.

Incomplete or unreadable applications may delay processing and an additional processing fee of \$25 may apply.

Under section 254.115, Wis. Stats., a company must provide its Federal Employer Identification Number (FEIN), or, if a sole proprietorship, the applicant's social security number (SSN), when applying for company certification. If the sole proprietor does not have a Social Security number, then a signed statement made under oath or affirmation that the applicant does not have a social security number is required. Information collected on this form, other than the SSN, may be shared with other government agencies for compliance review and may be available to the public under an open records request.

Applying for [] Initial Company Certification [] Renewal Company Certification - DHS No.: _____

COMPANY CONTACT INFORMATION Please print

Company Name

Federal Employer ID No. (FEIN), or sole proprietor's name & Social Security No. (SSN)

Tax Status

[] For Profit [] Nonprofit

Mailing Address

City

State

Zip+4

Records Street Address (if different)

City

State

Zip+4

Telephone No.-Include Area Code

Fax No.-Include Area Code

Cellphone No.- Include Area Code

Email

COMPANY ACTIVITIES Check all that describe your business

- [] Asbestos Abatement Contractor [] Flooring Contractor [] Roofing Contractor
[] Asbestos Consultant [] Government: [] Federal [] Local [] State [] Siding Contractor
[] Asbestos Training Provider [] Industrial-Manufacturing / Utility / Institutional / Commercial [] University / College
[] Construction / Renovation Contractor [] K-12 School (public or private nonprofit) [] Weatherization / CAP
[] Demolition Contractor [] Property Owner or [] Property Management [] Other:

CERTIFICATION & FEE Enclose check or money order payable to DHS.

Fees cannot be refunded or prorated. An additional fee is charged for checks not honored by the bank. Payment by VISA or MasterCard credit or debit card is only accepted if applying ONLINE. Go to www.dhs.wi.gov/WALDO to apply.

- [] Asbestos company - \$400 [] Satellite office - \$200 May only apply for satellite office to an already certified company.
[] Exterior asbestos company - \$200 [] Satellite office - \$100 Certified Primary Office DHS _____
[] Replacement certificate - \$25 Total Fee Enclosed: \$ _____

Fee exempt: [] WI state government [] WI local government [] WI K-12 school (public/private nonprofit) [] WI University System

PUBLIC DIRECTORIES Check the directories for which you qualify and would like to be listed for access by the general public

- [] Asbestos Abatement Contractor directory - must employ a certified asbestos supervisor.
[] Exterior Abatement Contractor directory - must employ a certified asbestos supervisor or exterior asbestos supervisor.
[] Asbestos Consultant directory - must employ a certified asbestos inspector, management planner, or supervisor (for air monitoring).
[] Asbestos Training Provider directory - must have an accredited asbestos training course.

AFFIRMATION OF APPLICANT Signature of an authorized company representative is required.

I state that I am an authorized representative of the company referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false statements made in connection with this application may be grounds for denial or revocation of certification or other disciplinary or legal action.

Neither this company, nor any owner, officer or authorized representative of this company has been cited for a violation of a federal, state or local asbestos regulation within the past three years ([] except as described in the attached document).

SIGNATURE - Authorized Company Representative

Title

Date Signed (mm/dd/yy)

For DHS use only

Pers. Ck. No.

Co. Ck. No.

MO No.

Amount Paid

Deposit Date

\$

Name of Company

AUTHORIZED COMPANY REPRESENTATIVES

| Name | Title | Social Security No. | DHS Certification No., if any |
|------|-------|---------------------|-------------------------------|
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CERTIFIED EMPLOYEES List all employees currently certified by DHS to perform asbestos activities. Attach additional sheet, if needed.

| Name | Discipline | DHS Certification No. |
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SUBMIT APPLICATION

Mail or deliver to:

Department of Health Services
 Lead & Asbestos Section, Room 137
 1 West Wilson Street
 PO Box 2659
 Madison WI 53701-2659

Call 608-261-6876 if you have questions.