

ASBESTOS CERTIFICATION APPLICATION – INDIVIDUAL

Please read instructions on Page 2 before completing both pages of this form. Failure to complete all sections will delay processing.

Under sections 250.041 and 254.115, Wis. Stats., an individual must provide their Social Security Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent in payment of taxes or child support and will not be available to the public. Personally identifiable information necessary for processing this application and 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 Certification Renewal Certification -- DHS Certification No.: _____

APPLICANT INFORMATION

Name (First, Middle, Last, including any suffix - Jr, Sr, III)			Social Security No.	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (mm/dd/yy)	Height ____ Feet ____ Inches		Weight
Mailing Address		City	State	Zip+4
Telephone No.	Cellphone No.	Email		

COMPANY INFORMATION (Employer, or business if self-employed)

Company Name		DHS Asbestos Company No.	
Mailing Address			
City		State	Zip+4
Telephone No.	Cellphone No.	Fax No.	

CERTIFICATION DISCIPLINES & FEES (Check the disciplines and fees that apply)

Discipline	Fee	Discipline	Fee
<input type="checkbox"/> Asbestos Worker	<input type="checkbox"/> \$75	<input type="checkbox"/> Asbestos Inspector	<input type="checkbox"/> \$175
<input type="checkbox"/> Asbestos Supervisor	<input type="checkbox"/> \$125	<input type="checkbox"/> Asbestos Management Planner	<input type="checkbox"/> \$125
<input type="checkbox"/> Exterior Asbestos Worker	<input type="checkbox"/> \$125 (one-time)	<input type="checkbox"/> Asbestos Project Designer	<input type="checkbox"/> \$175
<input type="checkbox"/> Exterior Asbestos Supervisor	<input type="checkbox"/> \$75	<input type="checkbox"/> Replacement Card (Check Discipline)	<input type="checkbox"/> \$25
Total Amount Enclosed: \$ _____			

Fee paid by check or money order payable to **DHS**. Cash is not accepted. To pay by credit card apply online at www.dhs.wi.gov/WALDO. A \$25 processing fee applies to applicants submitting an out-of-state training history to DHS for the first time. Fees cannot be refunded or prorated. An additional fee will be charged for checks not honored by the bank.

TRAINING (The most recent training class attended must be in Wisconsin)

Training Provider	Training Course	Training Dates (mm/dd/yy) Start: _____ End: _____
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OTHER LICENSES, CERTIFICATIONS OR APPROVALS

Within the past 5 years, did you have an asbestos license or certification issued by another state? Yes No
If yes, provide the discipline(s) and issuing state. (attach additional sheet, if needed)

ENFORCEMENT ACTIONS

Within the past 5 years, did you have an asbestos license or certification denied, suspended, or revoked by another state? Or, within the past 5 years, was action taken against you for a civil or criminal violation of statute, regulation, or ordinance of the United States, this state, any other state, or any local government substantially related to asbestos activities or other environmental activities?
 Yes No If yes, what action was taken, why and by whom?

Complete and sign Page 2.

For Office Use Only	DCF Check	<input type="checkbox"/> Pers. Check <input type="checkbox"/> Co. Check <input type="checkbox"/> Money Order	Amount Paid	Deposit Date
	No.:		\$ _____	

Name of Applicant (First/Last)

ATTACHMENTS (Check that the following materials are included.)

- Completed application
- Fee - Check or money order payable to DHS
- Training certificate(s), if needed – see instructions below for details
- Completed asbestos company application form, if needed

COMPANY CERTIFICATION (Check most accurate response.)

Certified persons must work for or own a certified asbestos company before conducting regulated asbestos work.

- I currently work for or, own a certified asbestos company, or certified exterior asbestos company.
- I will work for a certified company when I do regulated work.
- An asbestos company or exterior asbestos company certification application is enclosed.

AFFIRMATION OF APPLICANT (Signature required)

I state that I am the person referred to on this application and that all answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for denying or revoking my certification or for other disciplinary or legal action. I also understand that if I am issued a certification card, failure to comply with the laws or rules of the State of Wisconsin may be cause for disciplinary or legal action. I affirm that I currently work for or own a certified asbestos company or certified exterior asbestos company, or that I will work for a certified company when conducting regulated work.

SIGNATURE – Applicant

Date Signed (mm/dd/yy)

SUBMITTING APPLICATION Call 608-261-6876 if you have questions.**Mailing Address**

Department of Health Services
Lead and Asbestos Section, Room 137
P.O. Box 2659
Madison WI 53701-2659

Street Address

Department of Health Services
Lead and Asbestos Section
1 West Wilson Street, Room 137
Madison WI 53703

INSTRUCTIONS: To apply for renewal, complete this form and return with a check or money order in payment of the fee. To pay with a VISA or MasterCard, apply online at www.dhs.wisconsin.gov/WALDO.

Incomplete or unreadable applications may delay processing and an additional processing fee may be charged.

CERTIFICATION

Check the **Initial** box if applying for a discipline for the first time or after a lapse of more than 12 months since expiration. Check **Renewal** if applying before certification in the discipline has expired or within 12 months after expiration.

APPLICANT INFORMATION – Provide the personal information requested, including your Social Security number, which is required by law. Applicants must be 18 years of age to qualify for certification. Provide the address where your certification card and renewal notice should be mailed. You are required to notify the Department when your mailing address changes.

COMPANY INFORMATION – Provide the name of your employer, or if self-employed, the name under which you do business. To help us associate your information with the correct company, also provide the DHS asbestos company certification number. You must own, be employed by or under contract with a certified asbestos company before you may perform regulated asbestos abatement or management activities.

CERTIFICATION DISCIPLINE & FEE – Place an 'X' in the box for the discipline and fee amount to be paid.

Enclose your check or money order payable to **DHS**. Fees cannot be refunded or prorated. DHS charges an additional fee for checks not honored by the bank.

Payment by VISA or MasterCard credit or debit card may only be made if applying ONLINE at www.dhs.wi.gov/WALDO.

TRAINING – First-time applicants who have taken more than one class in the discipline must provide copies of *all* course completion certificates for the discipline (initial and refresher classes). No more than a 24-month gap is allowed between any two classes taken. Your application will not be processed without your complete training history.

Applicants who are submitting one or more out-of-state training certificates for the first time must submit a **\$25 processing fee** in addition to the certification fee.

Your most recent training for the discipline must be taken in Wisconsin. Go to www.dhs.wi.gov/asbestos/training.htm for contact information for Wisconsin asbestos training providers, or call 608-261-6876 for assistance.

AFFIRMATION OF APPLICANT – Read and personally sign the affirmation of your identity and accuracy of the information.