Cert #: C _____A
Date: _____

CA2

ASBESTOS CONTRACTOR CERTIFICATION APPLICATION

PLEASE TYPE OR PRINT NEATLY IN INK.

TYPE OF APPLICATION: ☐ Initial ☐ Renewal

APPLICANT INFORMATION

Company Name _____

Federal Employer Identification Number _____

Street Address _____

City _____ State ____ Zip Code _____

Contact Person _____ Telephone _____

Title _____

Company is:

☐ Sole Proprietorship or Individual ☐ Corporation ☐ Partnership

☐ Other (Specify) _____

List prior company name(s), address(es) and Federal Employer Identification Number(s) if the company named above has changed its name in the last five (5) years:

_____

_____

_____

Is this contracting company certified to perform asbestos abatement in any other state? ☐ Yes ☐ No

If "Yes," list state(s) and attach copies of certifications issued: _____

Is this company now involved or has it ever been involved in bankruptcy proceedings? ☐ Yes ☐ No

INFORMATION ON ACTIONS TAKEN AGAINST APPLICANT BY REGULATORY AGENCY

If applicant has been cited, fined or otherwise been the subject of enforcement action by any federal or state agency for certification, work practice or certification/licensure violations, provide the following information (attach a separate 8 ½ x 11 sheet with this information, if necessary):

Date	Violation	Regulatory Agency	Enforcement Action

Please enclose payment of $50.00 (check or money order made payable to *Commonwealth of Pennsylvania*). (The same fee applies to both a new and a renewal certification.)

FOR L&I USE ONLY

Payer: _____

Address: _____

BATES # _____ CHECK # _____ AMOUNT $_____

Cert #: C _____A
Date: _____

CA2

CONTRACTOR EXPERIENCE

List all asbestos abatement projects completed within last twelve (12) months.

Name of Project/Building and Complete Address	Phone Number of Person to Contact About Job

CONTRACTOR CERTIFICATION

Provide the name and certification number of the person in this firm that is certified as a Contractor (Individual).

Name _____

Certification # _____

Cert #: C _____A
Date: _____

CA2

CONTRACTOR WORK PERFORMANCE INFORMATION

List equipment used by this company in performing asbestos abatement work.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

List name and address of any landfills that are utilized for asbestos disposal.

1.
_____
_____
_____

3.
_____
_____
_____

2.
_____
_____
_____

4.
_____
_____
_____

By signing this document, I certify that the company named on page 1 of this application will utilize only trained and certified employees to perform asbestos abatement work in the Commonwealth of Pennsylvania.

Name of Owner or Corporate Officer (Signed) _____
Name of Owner or Corporate Officer (Printed) _____

Mail this application and your payment to:

PA DEPARTMENT OF LABOR & INDUSTRY
CERTIFICATION, ACCREDITATION & LICENSING DIVISION
ROOM 1623, L&I BUILDING
HARRISBURG, PA 17120