

FOR L&I USE ONLY
Cert #: _____
Date: _____

ASBESTOS CONTRACTOR CERTIFICATION APPLICATION

PLEASE TYPE OR PRINT NEATLY IN INK.

Type of Application	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal																												
Contractor Information	Company Name _____ Federal Employer Identification Number _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Email _____ Contact Person _____ Title _____ <input type="checkbox"/> Sole Proprietorship or Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) _____ If any of the above company information is different from the previous submittal, please submit the new information on company letterhead. Is this Contractor currently certified to perform Asbestos abatement in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list state(s) and attach copies of valid certifications issued: _____ _____ _____ _____																												
Actions taken against Contractor by regulatory agency	Has the Contractor ever been cited, fined or otherwise been the subject of enforcement action by any federal or state agency for work practice or certification/licensure violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the following information (attach a separate 8 1/2 x 11" sheet with this information, if necessary): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 30%;">Violation</th> <th style="width: 30%;">Regulatory Agency</th> <th style="width: 20%;">Enforcement Action</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Date	Violation	Regulatory Agency	Enforcement Action	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Contractor (Individual) Certification	Each company must have a certified Contractor (Individual). Provide the name and Pennsylvania certification number of the person in this firm who holds or will hold this certification. <div style="text-align: right;">Name _____</div> <div style="text-align: right;">Pennsylvania Certification # _____</div>																												
For L&I Use Only	Check #: _____ Amount: _____ Bates #: _____																												

Contractor Experience	<p>If the Contractor has performed any Asbestos abatement projects in Pennsylvania within the last twelve (12) months, provide the following (attach a separate 8 ½ x 11" sheet with this information, if necessary):</p> <table border="0"> <thead> <tr> <th data-bbox="370 195 997 226">Name of Project/Building and Complete Address</th> <th data-bbox="1029 195 1507 226">Contact Person and Phone Number</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Project/Building and Complete Address	Contact Person and Phone Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
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Contractor Work Performance Information	<p>List equipment that will be used by this contractor to perform Asbestos abatement work, Ex. HEPA Vacuums, Air Monitoring Pumps, Respirators, etc. (attach a separate 8 ½ x 11" sheet with this information, if necessary):</p> <table border="0"> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>List name(s) and address(es) of landfills that will be utilized for Asbestos disposal.</p> <table border="0"> <tr> <td data-bbox="370 1062 898 1146">1. _____</td> <td data-bbox="954 1062 1507 1146">2. _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	1. _____	2. _____	_____	_____	_____	_____
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Signature	<p>I certify, under penalty of law, that the company named on page 1 of this application will utilize only <u>trained</u> and <u>PA certified</u> employees to perform Asbestos abatement work in the Commonwealth of Pennsylvania.</p> <p>Owner or Corporate Officer Name (Signed): _____</p> <p>Owner or Corporate Officer Name (Printed or Typed): _____</p> <p>Date Signed: _____</p>																										
Filing Requirements	<p>FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email CALBOIS@pa.gov, by telephone at 717.772.3396 or by fax at 717.705.0196.</p> <p>Make all checks and money orders payable to Commonwealth of Pennsylvania.</p> <p>Mail this 2-page application, payment and any additional documentation to:</p> <p>PA DEPARTMENT OF LABOR & INDUSTRY CERTIFICATION, ACCREDITATION AND LICENSING DIVISION 651 BOAS STREET, ROOM 1606 HARRISBURG, PA 17121</p> <p>Please direct any questions regarding certification to 717.772.3396 or CALBOIS@pa.gov.</p>																										