

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

ASBESTOS CONTRACTOR CERTIFICATION APPLICATION

ACT 24 EXEMPTION

PLEASE TYPE OR PRINT NEATLY IN INK

Type of Application	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal Pennsylvania Certification #: _____																												
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) _____ <p>If any of the above company information is different from the previous submittal, please submit a request to update the company information on company letterhead.</p> <p>Is this Contractor currently certified to perform Asbestos abatement in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", list state(s) and attach copies of valid certifications/licenses issued:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																												
Actions taken against Contractor by regulatory agency	<p>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</p> <p>If "Yes", provide the following information (attach a separate 8 ½ x 11" sheet with this information, if necessary):</p> <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	<p>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.</p> <p style="text-align: right;">Name _____</p> <p style="text-align: right;">Pennsylvania Certification # _____</p>																												
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" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Name of Project/Building and Complete Address</th> <th style="text-align: center;">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> </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" style="width: 100%;"> <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> </table> <p>List name(s) and address(es) of landfills that will be utilized for Asbestos disposal.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">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 (Printed or Typed): _____</p> <p>Owner or Corporate Officer Name (Signed): _____</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. Mail this 2-page application, payment and any additional documentation to:</p> <p style="text-align: center;">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>																						

Bureau of Occupational & Industrial Safety | Certification, Accreditation & Licensing Division
651 Boas Street, Room 1623 | Harrisburg, PA 17121 | 717.772.3396 | F 717.705.0196 | CALBOIS@pa.gov | www.dli.pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.