

Cert #:	_____
TCC:	_____
Date:	_____
CA1	

APPLICATION FOR ASBESTOS OCCUPATION CERTIFICATION

IMPORTANT: In order to apply for PA asbestos occupation certification, applicants must have successfully completed an EPA or PA approved initial or refresher training course. **The most recent training course certificate must be filed with this application.** Your application **will not** be processed without this required documentation. See page 3 for additional instructions.

PLEASE TYPE OR PRINT NEATLY IN INK.

Date: _____ 20_____		Type of application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
PERSONAL DATA			
Name _____		Social Security # _____ - _____ - _____	
Street _____		City _____	
State _____	Zip Code: _____	County _____	
Telephone _____ - _____ - _____			
Date of Birth (MM/DD/YY) ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____
Height: _____ Feet _____ Inches			
Eye Color (Check one):			
<input type="checkbox"/> 1. Black	<input type="checkbox"/> 2. Brown	<input type="checkbox"/> 3. Gray	<input type="checkbox"/> 4. Blue <input type="checkbox"/> 5. Green <input type="checkbox"/> 6. Hazel <input type="checkbox"/> 7. Other
EMPLOYMENT HISTORY			
Are you employed by the Commonwealth of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer _____			
Street _____			
City _____		State _____	Zip Code _____
Employer's Telephone _____ - _____ - _____			
Length of Employment _____ Yr(s) _____ Mo(s)		Position _____	
CERTIFICATION REQUESTED:			
<input type="checkbox"/> 1. Worker	<input type="checkbox"/> 2. Supervisor	<input type="checkbox"/> 3. Project Designer	
<input type="checkbox"/> 4. Building Inspector	<input type="checkbox"/> 5. Management Planner	<input type="checkbox"/> 6. Contractor (Individual)	
<input type="checkbox"/> 7. Contractor (Firm)			
Enclose check or money order made payable to <i>Commonwealth of Pennsylvania</i>.			
Total Payment Enclosed \$ _____			

<i>FOR L&I USE ONLY</i>		
Payer: _____		
Address: _____		
BATES # _____	CHECK # _____	AMOUNT \$ _____

Cert #:	_____
TCC:	_____
Date:	_____

TRAINING INFORMATION	
Training Date ___/___/20__	Course Title _____
Training Provider	
Name _____	Telephone _____ - _____ - _____
Street _____	City _____
State _____ Zip Code _____	
Training Date ___/___/20__	Course Title _____
Training Provider	
Name _____	Telephone _____ - _____ - _____
Street _____	City _____
State _____ Zip Code _____	
Training Date ___/___/20__	Course Title _____
Training Provider	
Name _____	Phone _____ - _____ - _____
Street _____	City _____
State _____ Zip Code _____	
By signing this document, I certify that the above information is correct and that within the past 36 months my license or authorization to perform asbestos abatement work has not been suspended or revoked by any other state, and that no enforcement actions are pending against me.	
Name (Signed) _____	
Name (Printed or Typed) _____	

The Department may deny an applicant's request for a license based on prior enforcement actions indicating that the applicant's abatement work might not be performed in a manner that would protect the public health, safety, and welfare. **If enforcement action has been taken against the applicant, the following information must be submitted:**

1. A complete list of all prior enforcement actions, including any sanctions imposed on the applicant by any jurisdiction or any state/federal court.
2. A description of any asbestos abatement activities conducted by the applicant that were terminated prior to completion, including the circumstances of termination.
3. A copy of any reports compiled by an enforcement agency.

Mail this application (pages 1 and 2), your payment and any additional documentation to:

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

IMPORTANT INFORMATION PERTAINING TO COMPLETION OF THE CERTIFICATION FORM (LIBI-607)

1. How Your Pennsylvania Asbestos Certification Validation Period Will Be Determined

The validation period for all Pennsylvania asbestos certifications coincides with the latest effective date of the EPA or PA training certificate received by the applicant. This applies to initial training or refresher training certificates.

For example: If you apply for a renewal of your PA worker asbestos certification on July 1, 2007, and your latest refresher training certificate is valid until January 1, 2008, then your Pennsylvania certification is valid until January 1, 2008. Additionally, you would only submit half the normal annual fee (25.00).

2. How To Calculate Your Fee

When applying for either an initial or renewal Pennsylvania Asbestos Certification, please note the latest date your EPA or PA training certificate expires:

- (a) If the training certificate (initial or refresher) expiration date is **greater than six (6) months from the date of application** to the Department of Labor & Industry, then you must submit the full yearly asbestos certification fee for either the initial or renewal Pennsylvania Asbestos Certification.
- (b) If the training certificate (initial or refresher) expiration date is **six (6) months or less from the date of application to the Department of Labor & Industry**, then you should submit one-half (1/2) of the yearly asbestos certification fee for either the initial or renewal Pennsylvania Asbestos Certification.

Here are the fees required, depending on whether the applicant falls under (a) or (b):

(a) If there are more than 6 months until expiration of training certificate:	
Worker	\$ 50.00
Supervisor	\$100.00
Project Designer	\$300.00
Building Inspector	\$300.00
Management Planner	\$300.00
Contractor (Individual)	\$500.00
Contractor (Firm)	\$ 50.00
(b) If there are 6 months or less until expiration of training certificate:	
Worker	\$ 25.00
Supervisor	\$ 50.00
Project Designer	\$150.00
Building Inspector	\$150.00
Management Planner	\$150.00
Contractor (Individual)	\$250.00
Contractor (Firm)	\$ 50.00