Official Use Only
Paid: $
Check #:
M.O. #:
Date:

VERMONT DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
ASBESTOS AND LEAD REGULATORY PROGRAM
DRAWER 30
108 CHERRY STREET, P. O. Box 70
BURLINGTON, VT 05402

APPLICATION FOR ASBESTOS CERTIFICATION OF INDIVIDUALS

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing the tax form, and signing the application. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Do not forget to submit a color photo or make arrangements with this office to have picture taken or e-mailed for photo ID card, if submitting an initial certification or update existing photo. Please make sure that you complete the backside of this form. Contact the Program at (802) 863-7236 (800)-439-8550 in Vermont with any questions.

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

1. TYPE OF CERTIFICATION BEING APPLIED FOR:

If renewal:
Certificate#_____exp. date_____
Certificate#_____exp. date_____

(CHECK ALL THAT APPLY)

	Worker Contractor	$60.00
	Supervisor Contractor	$120.00
	Inspector Contractor	$180.00 Primary consultant application $150.00 Each additional application
	Inspector Management Planner	$180.00 Primary consultant application $150.00 Each additional application
	Project Monitor Contractor	$180.00 Primary consultant application $150.00 Each additional application
	Project Designer Contractor	$180.00 Primary consultant application $150.00 Each additional application
	Analyst Contractor (Check the proper field(s) below)	$60.00 (includes all five categories)

1. PCM____2. PLM_____3. TEM-Air_____4. TEM-Bulk_____5. Field_____

2. APPLICANT INFORMATION:

Name:_____ Home Phone:_____ E-mail_____

Home Address:_____ City, State, Zip_____

Company Name:_____ Company Phone #:_____ Fax #:_____

Company Address:_____ City, State, Zip:_____

To which address should correspondence be sent: [ ] Home [ ] Company [ ] other (please attach)
Note: Address where correspondence is sent may be publicly listed.

3. IDENTIFICATION INFORMATION:
MALE FEMALE (Circle one)
Date of Birth:_____Height:_____Weight:_____Hair Color:_____Eye Color:_____

4. APPLICATION AND CERTIFICATION INFORMATION: Are you licensed, certified or permitted for an asbestos-related certificate in any state other than Vermont? YES_____NO_____

If yes, give name of state **and** license number and attach copy of permit or certificate

5. TRAINING OF APPLICANT:

a) Formal Educational Background: (Attach if necessary)

School	Major & Minor	Dates Attended	Academic Degree Earned	Graduation Date

b) Relevant Training

ATTACH ALL RELEVANT TRAINING CERTIFICATES.

Successful completion of Vermont/EPA approved training is required for certification (refer to the Vermont Regulations for Asbestos Control). Please include any documentation of refresher training.

If a training course is to be used to fulfill the certification requirements, please attach documentation of successful completion of this course, including the training provider, dates attended, grade achieved on the written examination and copy of the certificate awarded.

6. Professional Credentials Held (for consultants only):

P.E._____C.I.H._____R.A._____Other (specify)_____

License or Certificate Number(s) and Date(s)_____

7. Employment Experience of Applicant: Describe relevant employment history, including employers, duties, dates of employment, and percent of time spent performing relevant duties **(Attach additional sheets)**. If this information is to be used to fulfill certification requirements, please be certain that it is complete and detailed.

8. Enforcement Actions: (Please submit documentation of all state and federal enforcement actions for the last two years).

a) Are there any outstanding actions or investigations regarding asbestos abatement initiated by any state (including Vermont) or federal agency or department pending against you?
Yes_____No_____

b) Have you ever been notified by any state (including Vermont) or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding asbestos abatement?
Yes_____No_____

c) Have you ever been found to be in violation of any law or regulation regarding asbestos abatement by any state (including Vermont) or federal agency or department?
Yes_____No_____

If the answer to any of these is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking actions and copies of enforcement correspondence. Also include your response to this correspondence, and what procedures have been instituted to prevent further re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.

9. ASSOCIATIONS WITH OTHER ASBESTOS-RELATED BUSINESSES:

Does the applicant, any employee or other individual with financial interests in the applicant have any financial or professional involvement in any other individual or firm certified under the Regulations for Asbestos Control?
Yes_____ No_____
If yes, describe relationship in detail on additional sheets.

I certify that I have read and understood the Vermont Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.
I agree that as a condition of certification, I will notify the Asbestos and Lead Regulatory Program of any change of address or employer within 90 days of the change.

SIGNATURE OF APPLICANT:_____DATE:_____

Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

You **must** answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good Standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

1. You must check one of the two statements below regarding child support regardless whether or not you have children:
   - ☐ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

     OR
   - ☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application of Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

2. You must check on of the two statements below regarding taxes:
   - ☐ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a $10,000. fine or both).

     OR
   - ☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:
   - ☐ I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a $10,000 fine or both).

     OR
   - ☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

     OR
   - ☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____

*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: _____ Date: _____

INDIVIDUAL CHECK SHEET FOR ASBESTOS CERTIFICATION

The following are items that are generally missed when individuals submit applications for certification. Please check these items carefully on your applications, as incomplete applications will be returned. During the review process, if information is found to be incomplete, your application may be denied and the fees may <u>not</u> be returned.

_____1) Is the application and tax form signed and dated? An original signature is required. A stamped or Xerox copy of a signature will not be accepted.

_____2) Is type(s) of certification checked?

_____3) Is the proper certification fee(s) submitted? Is the check made out to the Vermont Department of Health?

_____4) Is documentation of formal education submitted? Very important for the certification of the consultant type application. (Inspectors, management planners, project monitors, and project designers).

_____5) Have the proper Vermont/EPA approved training course certificates been included along with any relevant refresher training documentation?

_____6) For certification of consultant type applications (inspectors, management planners, project monitors, and project designers), is documentation of relevant professional credentials provided?

_____7) Is relevant employment history provided (including project start and finish dates, locations, and contact person)?

_____8) Is documentation of enforcement actions submitted including all previous and current year's actions? Have you made sure that your responses to these actions have been submitted? At least two years enforcement history is required for initial, past year only if renewal.

_____9) Has a color close-up picture been submitted or has arrangement been made with this office to have picture taken or e-mailed for the photo id card? Polaroid pictures will not be accepted. **(Initial applicant only or to replace existing photo)**

_____10) Have individuals applying for the field analyst category submitted results of personal proficiency rounds (i.e. AAR or NIOSH PAT rounds)?

Be sure to review the regulations and your application before you submit it to us for review.

Send completed application to:

Vermont Department of Health
Environmental Health
Asbestos
Drawer 30
P.O. Box 70, 108 Cherry Street
Burlington, VT 05402

DON'T FORGET TO COMPLETE THE ATTACHED TAX FORM!!!!