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**VERMONT**  
**DEPARTMENT OF HEALTH**  
 ENVIRONMENTAL HEALTH  
 Asbestos and Lead Regulatory Program  
 108 Cherry Street, P.O. Box 70  
 Burlington, VT 05402

**APPLICATION FOR LICENSURE OF ASBESTOS ENTITIES**

Send by **EMAIL** to: [AHS.VDHALRPGeneral@Vermont.gov](mailto:AHS.VDHALRPGeneral@Vermont.gov)  
 Completed, signed and dated application with required documentation attached

Send by **MAIL** to above address:  
 Copy of the first page of the application  
 Completed tax form Applicants Statement Regarding Child Support and Taxes  
 License fee payable to the Vermont Department of Health

**DO NOT email** scans of payment or tax form.

Contact the Health Department with questions at:  
 800-439-8550 or [AHS.VDHALRPGeneral@vermont.gov](mailto:AHS.VDHALRPGeneral@vermont.gov).

1. Company Information

Contractor Name:	Ph:	Fax:
Address:	City:	State: Zip:

Responsible Individual:	Title:	Email:
Contact Person:		Email:

If you have more than one location, submit a list of each branch with address and phone number separately. If no changes since last submittal, check box (renewals only):

You are:

Corporation	Partnership	Unincorporated Association
Sole Proprietorship	Other (specify):	

Submit organizational chart  
 Check here if no changes since last submittal (renewals only):

You will not allow any employee to perform any asbestos-related service or activity unless the employee is licensed by the Department to provide that service.

2. Licenses

FEE for each license type: \$600.00.

If applying for more than one, additional licenses are \$150.

Which Licenses are you applying for? (Check all that apply):

Abatement Contractor Entity
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Consulting Contractor Entity
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Analytical Contractor Entity
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Bulk Sample Analysis:	Yes	No	Methods to be used:	PLM	TEM
Air Sample Analysis:	Yes	No	Methods to be used:	PCM	TEM

Check One:

Initial Licensure
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Renewal Licensure	
License #	Exp Date
License #	Exp Date

Have you ever applied and been denied an asbestos-related license in Vermont?

Yes No Type: Date:

If yes, please indicate the type of license applied for and the date of application.

Are you licensed, certified, or permitted as an asbestos entity in any other state?

Yes No

If yes, please provide a copy of each valid certificate. Lists are not acceptable.

3. Contractor Enforcement History

Please submit documentation of all state, municipal and federal enforcement actions from previous two years if initial application and past year for renewals.

- a) Have you ever been found to be in violation of any law or regulation regarding asbestos abatement activities by any state (including Vermont), municipality federal agency, or department? Yes No
- b) Are there any outstanding actions or investigations regarding asbestos abatement activities initiated by any state (including Vermont), municipality federal agency or department pending against you? Yes No

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

4. Required Documentation:

You must submit documentation of the following, as applicable.

A. Abatement Contractor Entity: ([Section 2 of the Vermont Regulations for Asbestos Control \(VRAC\)](#))

1) At least one employee meets the requirements of a Supervisor Contractor.  
Documentation included with application

2) All Worker Protection Programs must demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910, and include Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.

Copies of most current worker protection programs included with application

No changes to your worker protection programs since last submittal  
(renewals only)

3) Two years of experience in the performance of asbestos abatement projects using the work practices set forth in Section 2 of the [VRAC](#), or three years of experience in general contracting. (Include start and finish dates)

Documentation included with application (required for initial applicants)

B. Consulting Contractor Entity: ([Section 4.3 of VRAC](#))

1) You will employ individuals that have obtained licensure or are qualified to obtain licensure to perform asbestos consultant services. ([Section 4.1.1 of VRAC](#))

2) All Worker Protection Programs must demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910, and include Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.

Copies of most current worker protection programs included with application

No changes to your worker protection programs since last submittal  
(renewals only)

C. Analytical Contractor Entity: ([Section 3 of VRAC](#))

1) Proficiency Documentation

New applicants must submit the results from the TWO most recent rounds of the proficiency program participated in.

Participation in all rounds of these programs is REQUIRED unless a waiver has been given by the Department.

Attached      N/A      Phase Contrast Microscopy Analysis – Documentation of

proficiency in the NIOSH Proficiency Analytical Testing Program

- |          |     |   |
|----------|-----|---|
| Attached | N/A | Polarized Light Microscopy Analysis - documentation of proficiency in a recognized national or state quality assurance program  |
| Attached | N/A | Transmission Electron Microscopy analysis of air samples – documentation of proficiency in the NIST National Voluntary Laboratory Accreditation Program and one year of experience in materials analysis by electron microscopy       |
| Attached | N/A | Transmission Electron Microscopy of bulk samples - one year of experience in materials analysis by electron microscopy and documentation of in-house quality assurance procedures for analysis of bulk samples by electron microscopy |

Do you participate in any other proficiency-testing program for asbestos analysis?

Yes      No      If yes, submit copies of the proficiency rounds

Are you accredited by the American Industrial Hygiene Association?

Yes      No      If yes, submit accreditation documentation

Are you accredited by any other institution(s)?

Yes      No      If yes, submit accreditation documentation

2) Equipment –

List type, model year, and manufacturer for microscopic and other equipment used to perform asbestos analysis. The list of microscopes that are used for phase contrast microscopy should show the date the Walton-Beckett graticule was installed and initially calibrated. Submit additional sheets if necessary.

Documentation included with application

For renewals only - check here if no changes since last submittal:

3) Routine Detection Limits - Submit a summary of the routine detection limits and fiber size detection levels for each method of bulk and air samples attained by the laboratory seeking licensure. Detection limits for air samples should be for a given sample volume and microscope set-up, and this information should be provided in the summary as well.

Documentation included with application

For renewals only - check here if no changes since last submittal:

- 4) Chain of Custody and Quality Assurance - The applicant must submit a complete written report on the Chain of Custody and Quality Assurance procedures to be used for analysis of bulk and/or air samples for asbestos content.

Documentation included with application

For renewals only - check here if no changes since last submittal:

5. Do you, or any individual or entity with financial interests in you have any financial or professional involvement in any other individual or firm licensed under the Vermont Regulations for Asbestos Control?

Yes      No      If yes, describe relationship in detail on additional sheets.

I certify that I have read and understand the [Vermont Regulations for Asbestos Control](#). I certify that this application is prepared in agreement with the [Vermont Regulations for Asbestos Control](#) and that all information provided, including any supplements, are true and correct to the best of my knowledge and belief. I agree that as a condition of being granted a license, I will notify the Asbestos and Lead Regulatory Program of any changes within 90 days of the change.

Signature of Responsible Individual

Date Signed

## Entity Checklist for Asbestos Licensure

Check your application package carefully to ensure it is complete. If your application is incomplete, it will either delay processing or be denied. Any fees you sent will not be returned.

### ALL APPLICANTS

- 1) Did you sign and date the application and Applicant's Statement Regarding Child Support and Taxes form?
- 2) Did you check the type(s) of license(s)?
- 3) Did you submit the proper licensure fee(s)? Is the check made out to the Vermont Department of Health?
- 4) Did you submit documentation or any changes of your worker protection plans?
- 5) Did you provide documentation of enforcement actions submitted including all previous and current year's actions? Have you provided a detailed explanation to these actions? At least two years enforcement history is required for initial applicants, past year only if a renewal applicant.
- 6) Did you submit a diagram showing your company structure (i.e., an organizational chart)?

### ABATEMENT ENTITY

- 1) Did you provide relevant employment/experience history (including project start and finish dates, locations and contact person)? (INITIAL APPLICANT ONLY)

### ANALYTICAL ENTITY

- 1) Did you submit documentation of proficiency in a recognized national or state quality assurance program and documentation of equipment, routine detection limits, and chain of custody and quality assurance procedures?
- 2) Did you check off which analytical services you wish to provide?

Submit completed application and attachments to: [AHS.VDHALRPGeneral@vermont.gov](mailto:AHS.VDHALRPGeneral@vermont.gov)

Submit first page of application, tax form, and fee to:

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Environmental Health  
Asbestos and Lead Regulatory Program  
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