



# APPLICATION FOR INDIVIDUAL ASBESTOS LICENSE

State Form 43786 (R7 / 2-15)  
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
Asbestos Licensing Program  
100 N. Senate Avenue, Room 1003  
Indianapolis, IN 46204-2251  
Phone: (317) 233-3861  
[www.asbnotify@idem.in.gov](http://www.asbnotify@idem.in.gov)

**NOTE:** - This form is used to renew or apply for an initial asbestos license pursuant to 326 IAC 18. The application can be filled out online and saved to your computer. If you are applying for an initial license you must provide copies of your training certificates for the last three (3) years or the past one (1) or two (2) years if you have not been licensed for three years. For a license renewal include a copy of your most recent refresher training certificate only. If copy(s) of your training certificate(s) are not included with this application, your license(s) will be denied pending submittal of the required training certificate(s).

- Submit a check or money order in the amount of the license fee associated with the discipline you are applying for. A list of license fees is provided on page three (3) of this application. Make the check or money order payable to the "IDEM Asbestos Trust Fund." Mail all required documents to:

Cashier – Mail Code 61-52  
Indiana Dept of Environmental Management  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

Type of Application (Check One)	
<input type="checkbox"/>	Initial
<input type="checkbox"/>	Refresher

PART A: GENERAL INFORMATION - TO BE COMPLETED BY APPLICANT					
1. Name of Applicant Last		First		Middle Initial	
2. Home Telephone Number: (____) ____ - ____					
3. Address Where License can be Mailed Street			City	State	ZIP Code
4. Name of Employer (if applicable):				Telephone Number of Employer: (____) ____ - ____	
				E-mail Address of Employer: _____	
5. Date of Birth Month Day Year ____/____/____	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Height ____ Feet ____ Inches	8. Weight ____ Pounds	9. Eye Color _____	10. Hair Color _____

PART B: EDUCATION REQUIREMENT FOR MANAGEMENT PLANNER/BUILDING INSPECTOR/PROJECT DESIGNER	
▶ <b>High School</b>	
11. High School Name, City & State: _____	13. GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: ____/____/____
12. High school degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received: ____/____/____
▶ <b>College</b>	If applicable to the license(s) for which you are applying, <b>attach a copy</b> of all pertinent college transcripts and/or diplomas. If this information is not attached, your <b>application will be denied</b> pending submittal of required documents

**PART C: WORK EXPERIENCE FOR AN INITIAL LICENSE AS A SUPERVISOR, MANAGEMENT PLANNER, OR PROJECT DESIGNER**

► List prior work experience pertaining to the initial Supervisor, Management Planner, or a Project Designer license you are applying for. A license renewal does not require applicant work experience. A resume or additional pages may be attached to an initial application if necessary.

**WORK EXPERIENCE #1**

Name of Employer

Telephone Number of Employer: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address of Employer – Street

City

State

ZIP Code

Type of Business

Title of Position

E-mail Address of Employer

Specific Job Duties

Dates Employed (*month/year*)

Type of Employment

Number of Hours/week

Number of Employees You Supervised

From \_\_\_\_/\_\_\_\_

Part-time

To \_\_\_\_/\_\_\_\_

Full-time

**WORK EXPERIENCE #2**

Name of Employer

Telephone Number of Employer: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address of Employer – Street

City

State

ZIP code

Type of Business

Title of Position

E-mail Address of Employer

Specific Job Duties

Dates Employed (*month/year*)

Type of Employment

Number of Hours/week

Number of Employees You Supervised

From \_\_\_\_/\_\_\_\_

Part-time

To \_\_\_\_/\_\_\_\_

Full-time

**PART D: ASBESTOS TRAINING INFORMATION REMINDER**

► An initial license as a Supervisor, Management Planner, or a Project Designer license requires you to provide copies of your training certificates for the last three (3) years or the past one (1) or two (2) years if you have not been licensed for three (3) years. For a license renewal you only need to include your most recent refresher training certificate with the application. If copies of your most recent training certificate(s) are not included with your application, the license will be denied pending submittal of the required training certificate(s).

**PART E: LICENSE FEES**

Listed below is the annual license fee schedule for each asbestos license discipline. Check the appropriate box for each discipline for which you are applying and enter the total amount enclosed.

- |                          |                    |       |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | Inspector          | \$100 |
| <input type="checkbox"/> | Management Planner | \$100 |
| <input type="checkbox"/> | Project Designer   | \$100 |
| <input type="checkbox"/> | Project Supervisor | \$100 |
| <input type="checkbox"/> | Worker             | \$50  |

Total enclosed: \$ \_\_\_\_\_

**Note:**

- ❖ Make all checks and money orders payable to **"IDEM Asbestos Trust Fund."**
- ❖ Pursuant to 326 IAC 18, the nonrefundable application fee is **not** transferable from one (1) type of asbestos license to another,
- ❖ transferable from one (1) person to another,
- ❖ transferable to any other type of license issued by the department, unless requested by the applicant and approved by the department within three (3) days of submittal to the department or prior to application processing by the department, whichever is earlier.

**PART F: NOTES**

► **IMPORTANT**

- Allow a minimum of four (4) weeks for processing of a **complete application package** and receipt of your license(s).
- Applicants must complete all appropriate sections of this application and must include all required documents. **Sign and date** the application and return it to the **Cashier** address shown on page one (1). Applications will be returned which are incomplete or contain errors in response to any questions on the application. This will result in a delay in processing and issuance of your license(s).
- All information requested on this application is mandatory for the administration and processing of your license application pursuant to 326 IAC18. Except for scores on any training examination, all other personal data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 326 IAC 17-1-4.

I hereby certify that there are no misrepresentations or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local asbestos-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL ADDRESS OF APPLICANT: \_\_\_\_\_