## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Air and Asbestos Compliance Section Forbes Field, Building 283 Topeka, Kansas 66620

## ASBESTOS CONTROL WORKER APPLICATION FORM

Form ET-ASB2 (10/99)

## **GENERAL INSTRUCTIONS:**

This application form is intended to provide information required before a person can be certified to engage in, or supervise, asbestos control work. Submission of a completed application form must be accompanied by the required training certificate, certification fee (\$20.00 for Class I Worker, \$40.00 for Class II Supervisor) in the form of a check or money order made payable to the Kansas Department of Health and Environment before a certificate can be issued.

The completed application form, certification fee, and copies of all AHERA training certificates should be mailed to the above address.

(Please print using black ink or type)			
Social Security Number:	Home Phone #:()		
Applicant's Name: Last			
Last	Firs	t	MI
Applicant's Mailing Address:	PO Box / Street / Apr	. No.	
	City	State	Zip Code
Date of Birth:/	*Sex:	_	*Race:
Type of certification being applied for:	Class I Worker	···-	Class II Supervisor
Present Employer:			
attended. If this application is for renewal of a cu certificate.  Course Title:  Name of Course Provider:			
Name of Agency that Approved Course:_			
City & State where Course was Attended			
Date(s) Course was Attended:			
REMEMBER TO ATTAC	CH THE REQUIRED	rainin(	G CERTIFICATE(S).
I hereby certify that all of the information knowledge.	n provided in this appl	ication is c	complete and correct to the best of m
Signature			Date
*Optional - This information will be used fo	r general program analy	sis only.	TT ASD2 (10/00