Department for Environmental Protection Division for Air Quality Field Operations Branch, Field Support Section 300 Sower Blvd., 2nd Floor Frankfort, Kentucky 40601 (502) 564-3999

APPLICATION FOR ASBESTOS ACCREDITATION

The proper completion and return of this form is required for individual accreditation under 401 KAR 58:005. To be considered a complete application all requested information must be provided on this form and the form must be signed by the individual requesting accreditation and accompanied by the required accreditation fee in the form of a certified check or money order payable to Kentucky State Treasurer. Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of accreditation.

or Air Quality	DEP-6038 Rev. 07-16 DIVISION USE ONLY RECEIPT NUMBER:					
nch, Field Support Section						
Blvd., 2nd Floor Kentucky 40601 564-3999						
CATION	ACCREDITATION NUMBER(S):					·
ACCREDITATION						
eturn of this form is required for 401 KAR 58:005. To be considered requested information must be he form must be signed by the tation and accompanied by the the form of a certified check or ucky State Treasurer. Failure to equired by the Division to enable it y result in denial of accreditation.	RECEIVED	:				
	<u> </u>	Soc.	. Sec. #:			
		Tele	phone:	[)	
	City				State	Zip Code
	Initial		Rene	wal	Dupli	cate
nspector		\$100.00		\$50 00		\$10 00
Management Planner & Inspec	tor 🔲	\$100.00		\$50.00		\$10.00
Project Designer		\$100.00		\$50 00		\$10.00
Abatement Supervisor		\$100,00		\$50.00		\$10.00
Abatement Worker		\$20.00		\$10.00		\$10 00
discipline * Accreditation Renewal is except for worker (\$10.00		iscipline	Duplica	te Card R	equest is \$	10.00 per card
require the initial fee. e combined in a single check with fees fo	or other progi	rams, such	as certific	ation (NE	SHAP).	
other proof, verifying completion of	of an EPA-a	pproved	training	course	and that	a passing applying.

Initial Accreditation is \$100.00 per discipline except worker. (\$20.00 for worker)

Mr.

Ms.

Name:

Company Name: Mailing Address:

ASBESTOS

DESIRED

ACCREDITATION

Street or P.O. Box

*Accreditations expired over 1 year require the initial fee.

Fees for accreditation should not be combined in a single check with fees

Copy of certificate, letter, or other proof, verifying completion [70%] score was achieved on the accompanying test must be Please note DAQ requires embossed certificates from certain t

I hereby acknowledge that I have read and understand this applicaapplication are true and correct to the best of my belief and knowledge. perjury for false statements contained in this application.

APPLICANT SIGNATURE

DATE

^{*} Accreditation Renewa except for worker (\$10.