

ASBESTOS LICENSING APPLICATION FOR INDIVIDUALS

West Virginia Bureau for Public Health
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Certification and Licensing Program
Capitol and Washington Streets
One Davis Square, Suite 200
Charleston, West Virginia 25301-1798
Telephone (304) 558-2981 Fax (304) 558-0524

A. General information (Follow the instructions below. Incomplete application cannot be processed.)

1. Type or print legibly in blue ink. Complete sections A, B and the certification on the back of this application.
2. Attach required documentation:
 - (a) A copy of EPA or West Virginia approved initial or refresher certificate.
 - (b) Applicants for management planner's license must also possess a valid West Virginia inspector's license.
 - (c) A separate application form for each license category being applied for.
3. Attach check or money order payable to the West Virginia Bureau for Public Health. Tax is not applicable. We do not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.

5. License Category and Fee Schedule:

Asbestos Worker	\$ 50.00	Asbestos Abatement Project Designer	\$100.00
Asbestos Abatement Supervisor	\$100.00	Asbestos Air Clearance Monitor	\$100.00
Asbestos Inspector	\$100.00	Resilient Floor Covering worker	\$ 50.00
Asbestos Management Planner	\$100.00		

Name of Applicant _____ Date of Birth _____

Social Security Number _____ Drivers License Number (State) _____

Address _____ City _____

State _____ Zip _____

Home Telephone () _____ Work Telephone () _____

Employer _____ Address _____ City _____

State _____ Zip _____

LICENSE CATEGORY _____ FEE \$ _____

B. Applicant Attest

CERTIFICATION ON BACK MUST BE SIGNED

In accordance with Chapter 16, Article 32 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature of Applicant _____ Date _____

C. Health Department Use Only

Fee

App. No. _____

Paid By _____

Approved By _____

Amount Paid _____

Denied By _____

Check Number _____

Issue Date _____

Date of Check _____

Mailed To _____

Date _____