



## Asbestos Certificate Application

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health License and Certificate Unit. Failure to provide this information may result in our inability to process your application.

### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_ NYS DMV license or ID number: \_\_\_\_\_  
 Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Weight: \_\_\_\_\_ Pounds Height: \_\_\_\_\_ Feet: \_\_\_\_\_ Inches  
 DOH 2832 Certificate number: \_\_\_\_\_ New Renewal

### Asbestos Certification Requested

Check the box or boxes of each type of certificate for which you are submitting separate training documentation.

<b>A</b> Asbestos Handler	\$ 50	<b>D</b> Inspector	\$ 100	<b>G</b> Supervisor	\$ 75
<b>B</b> Restricted Allied Trades	\$ 50	<b>E</b> Management Planner	\$ 150	<b>H</b> Project Monitor	\$ 150
<b>C</b> Air Sampling Technician	\$ 75	<b>F</b> Operations & Maintenance	\$ 50	<b>I</b> Project Designer	\$ 150

### Acknowledgement

- I swear the information on this form is correct to the best of my knowledge
- I am aware there are penalties for making false statements
- I agree to provide any additional documentation requested by the department
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo
  - I understand my DMV photo will be used for all future license and certificate ID cards
  - I understand the DOL will send my ID card to the mailing address given above

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

### Do not write in the area below. For office use only

Approved Disproved Reason: \_\_\_\_\_

Date: \_\_\_\_\_

A	A	B	C	D	E	F	G	H	I
E	A	B	C	D	E	F	G	H	I

Expires date: \_\_\_\_\_ By: \_\_\_\_\_

Division of Safety and Health  
License and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 161A  
Albany NY 12240  
(518) 457-2735

## WE ARE YOUR DOL



[www.labor.ny.gov](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto:license&certificate@labor.ny.gov)

### Appendix to a License/Certificate Application

The child support obligations  
(New York State General Obligations Law Title 5 section 3-503)  
do not apply to corporations.

Complete, sign and date this form if you are applying for a license/certificate or license/certificate renewal.

#### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security number: \_\_\_\_\_

The type of license/certificate requested: \_\_\_\_\_

Business: \_\_\_\_\_ Title: \_\_\_\_\_

#### Certification

Are you under an obligation to pay child support? If yes, complete items 1 - 4.  Yes  No

1. I am making payments in accordance with a plan agreed upon by the parties.  Yes  No

2. I am four months or more behind in the payment of child support.  Yes  No

3. My child support obligation is the subject of a pending court proceeding.  Yes  No

4. I am receiving public assistance or supplemental security income.  Yes  No

**If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.**

#### Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_