



State of Utah

Department of Environmental Quality
 Division of Air Quality
 ATLAS Section
 195 North 1950 West, 4th Floor
 P.O. Box 144820
 Salt Lake City, Utah 84114-4820
 asbestos@utah.gov

For Official Use Only
Postmark Date: _____ Initials: _____
Check #/Credit Card Amount: _____

ASBESTOS COMPANY CERTIFICATION APPLICATION

Please read the instructions at the end of this form prior to completion. Please complete all sections of the form or write N/A. Improperly completed forms may be rejected delaying your application!

A. Company Certification

Name of Company: _____

Business Address: _____

Street Address, Suite No. (Please, no P.O. Box)

City _____ State _____ Zip Code _____

Mailing Address: _____

(If different than above) Street Address, Suite No./P.O. Box

City _____ State _____ Zip Code _____

Company's Telephone # (____) ____ - ____ ext. ____ Company's FAX # (____) ____ - ____ Email: _____

Company's Officers/Titles: _____

Last Name First Name Middle Initial Title

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Last Name First Name Middle Initial Title

Name of Attesting Officer: _____

(Officer signing on page 2) Last Name First Name Middle Initial Title

Attesting Officer's Telephone # (____) ____ - ____ ext. ____ Email Address: _____

B. Type of Company Certification

- Initial Company Certification** (Please check this box, complete, and submit the entire form)
- Company Recertification #ASBC-** _____ (Please check this box, complete, and submit the entire form)

C. Type(s) of Asbestos Certified Individuals Employed

Please indicate the type(s) of asbestos certified individuals the company employs:

- Supervisors Abatement Workers Inspectors Project Designers Management Planners

D. Asbestos Company Professional Certifications

Does your **asbestos company** (not individuals working for your asbestos company) hold current permits, licenses, certifications, or registrations in the asbestos field with the UDEQ/DAQ, USEPA, or other State, Territory, or Tribal entities? If yes, please complete the following section, one line for each permit, license, certification or registration held. **Attach additional sheets of paper, if necessary.**

Yes No
(circle one)

Certification Discipline	Area/Region (list Utah DAQ, USEPA, other State, Territory, or indigenous people's name)	Certification/Identification Number	Date received
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E. Asbestos Company Violations

Does your **asbestos company** (not individuals working for your company) have any past, present, or pending asbestos company violations with the UDEQ/DAQ, USEPA, other State, Territory, or Indian Tribe regulations? Yes No
(circle one)
 If yes, please explain below. **Attach additional sheets of paper, if necessary.**

F. Asbestos Company Certification Application Fee

Please read the instructions on the last page prior to completing this section!!

	Years of Company Certification (1 to 5 years)	Total Asbestos Company Certification Application Fee
Asbestos Company Certification	_____ X \$275.00	\$ _____

G. Certification Statement

I hereby attest and affirm that the information included on this Asbestos Company Certification Application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification authorized pursuant to this application will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the Asbestos Company Certification Application approval. I also attest and affirm that I will follow all work practice standards required by Utah Administrative Code R307-801.

Applicant's Signature _____ Date Signed _____

Applicant's Printed Name _____ Applicant's Title _____

Before delivering this Utah DEQ/DAQ Asbestos Company Certification Application, please check to make sure you have:

<input type="checkbox"/> Filled out all sections of the asbestos company certification application completely and attached additional information as necessary?	<input type="checkbox"/> Enclosed or paid by credit card the appropriate asbestos company certification application fees?
<input type="checkbox"/> Signed and dated the asbestos company certification application?	<input type="checkbox"/> Made a copy of this asbestos company certification application for your files?

Submit the completed Asbestos Company Certification Application, supporting materials, and fees to:

Utah Department of Environmental Quality
 Division of Air Quality
 195 North 1950 West, 4th Floor
 P.O. Box 144820
 Salt Lake City, UT 84114-4820
or
 asbestos@utah.gov

General Instructions

This Asbestos Company Certification Application must be properly completed and received by the Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ), the appropriate fee must be paid, and you must have an Asbestos Company Certification Card from the UDEQ/DAQ prior to performing any regulated asbestos work activities. You can also email this form to asbestos@utah.gov and pay with a credit card by calling 801-536-4000. Please complete all forms by writing legibly (using blue or black ink) or completing this PDF fillable form. **If you use this form's PDF fillable capability, please save it to your desktop before closing the document or all information will be lost.** Attach additional sheets of paper using the appropriate format, if necessary.

F. Asbestos Company Certification Application Fee

The Utah DAQ has established a fee of **\$275.00 per year** for the certification of companies who only perform regulated asbestos work activities. To determine your total asbestos company certification fee, place the number of years of certification your company is applying for with this application, place the number in the Years of Company Certification column of the table, multiply the number of years by \$275.00 (up to 5 years) and put the appropriate fee in the Total Asbestos Company Certification Application Fee column. This company fee must be paid to the Utah Division of Air Quality at the time of application. Certification fees represent the cost for a complete certification year or any fraction thereof. Asbestos company certification will expire on the month/year when the application is received and the submitted fee amount.

Official Use Only

PLEASE DO NOT WRITE IN THIS AREA

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Date Application Received _____ Date Additional Information Requested _____
Month/Day/Year Initials Month/Day/Year Initials

Date Amount/Fee Received _____ Date Additional Information Received _____
Month/Day/Year \$ Amount Initials Month/Day/Year Initials

Date Application Reviewed _____ Date Notification Accepted/Rejected _____
Month/Day/Year Initials (circle one) Month/Day/Year Initials

Reason for Rejection:

Additional Information: