



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 INDIVIDUAL CERTIFICATION APPLICATION FORM

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. Individual Certification Information

Name of Individual: _____

Individual's Home Address: _____

 Check this box to send certification card to home address otherwise company address will be used

Street Address, Suite #, or P.O. Box City State Zip Code

Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
month/day/year feet/inches pounds

Individual Telephone # (____) ____ - ____ ext. ____ Individual FAX # (____) ____ - ____ Email: _____

Employing Company Name: _____

Employing Company Mailing Address: _____
Street Address, Suite No./P.O. Box City State Zip Code

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

B. Type of Individual Certification

- Initial Individual Certification** (Please check this box, complete, and submit the entire form)
- Individual Recertification #ASB - _____** (Please check this box, complete, and submit the entire form)
- Lost Individual Certification Card #ASB - _____** (Please check this box, complete, and submit the entire form)

C. Asbestos Individual Certification Application Fee

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

Asbestos Individual Certification Application Disciplines, Fees, and Surcharges	Individual Certification Application Fees and Surcharges	Total Asbestos Individual Certification Application Fees
<input type="checkbox"/> Lost Certification Card Replacement Fee (\$33.00) <input type="checkbox"/> Non-Utah Accredited Training Provider Surcharge (\$33.00) <input type="checkbox"/> Asbestos Inspector <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Trainer/Cert.# _____ <input type="checkbox"/> Asbestos Management Planner <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Trainer/Cert.# _____ <input type="checkbox"/> Project Designer <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Trainer/Cert.# _____ <input type="checkbox"/> Asbestos Supervisor <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Trainer/Cert.# _____ <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Trainer/Cert.# _____	<input type="checkbox"/> Lost Card Certification Card Replacement Fee (\$33.00) <hr/> Non-Utah Accredited Training Provider Surcharge _____ X \$33.00/certificate <small>(Total number of non-Utah Training Provider Course Certificates)</small> <hr/> Individual Certification Application Fees _____ X \$137.50/year <small>(Total number of Asbestos Discipline(s))</small> <small>(1 year certification maximum per discipline)</small>	\$ _____

D. Certification Statement

I hereby attest and affirm that the information included on this Asbestos Individual Certification Application Form, 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 Individual Certification Application Form 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 Individual Certification Application Form, please check to make sure you have:

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

Submit the completed Asbestos Individual Certification Application Form, 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

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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:

General Instructions

This Asbestos Individual Certification Application Form 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 Individual Certification Card from the UDEQ/DAQ prior to performing any regulated asbestos work activities. You can apply on-line at <http://asbestos-lead.utah.gov> (please, no WWW) through the ALBoP (Asbestos/Lead-Based Paint) database, email back this form to asbestos@utah.gov and pay with a credit card by calling 801-536-4000, or by sending this completed form and payment by the US Postal Service. 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. **Please redact the individual's Social Security Number if submitted to the UDEQ/DAQ.**

C. Asbestos Individual Certification Application Fee

UDEQ/DAQ has established a fee of **\$137.50 per asbestos discipline/year for the certification of individuals** who perform regulated asbestos work activities. **The UDEQ/DAQ has also established fees of \$30.00/training course discipline for non-Utah accredited training providers and \$33.00 for lost individual certification card replacement.** Regardless of the type of application you are submitting, please properly complete and submit the form and the appropriate fee to the UDEQ/DAQ at the time of application. Certification fees represent the cost for a complete certification year or any fraction thereof.

If this is a **lost individual certification card application**, check the appropriate boxes in the first column and second (Individual Certification Application Fees and Surcharges) columns and put \$33.00 in the third (Total Asbestos Individual Certification Application Fees) column.

If you are **applying for individual initial or renewal certification**, check the appropriate asbestos individual certification discipline box(es), check if this is an initial or renewal certification, and write the training course certificate number for all disciplines for which you are requesting certification all in the first column. Next, put the total number of asbestos certification disciplines you are requesting and multiply that number by \$137.50, be sure to include the number of non-Utah accredited training provider asbestos discipline(s), multiply that number by \$33.00, and put the total of these two fees in the third column.