

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:	
Charle #/Cradit Card Amounts		

ASBESTOS COMPANY CERTIFICATION APPLICATION

A. Company Certification		
Company Name:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Business Phone #	Fax #	
E-mail Address:		
Company's Officers Name:	Τ	Title:
Name:		Title:
Name:		Title:
Name of Attesting Officer:		
(Officer signing on page 2) Attesting Officer's Telephone #		
B. Type: □ Initial Company Certificatio	n Company Recertification #.	ASBC
C. Type(s) of Asbestos Certified Individu	als Employed	pervisors/Workers
☐ Inspectors ☐ Project Designers ☐ Mana	agement Planners In-house wor	rk only
D. Asbestos Company Professional Certif	fications (required for initial appli	ication)
Does your asbestos company (not individua licenses, certifications, or registrations in the Territory, or Tribal entities? If yes, please c certification or registration held. Attach ad	e asbestos field with the UT DAQ, omplete the following section, one	USEPA, or other State, e line for each permit, license,
Certification Discipling:Certification/Identification #:	Area/Region: Date Received:	

E. Asbestos Company Violations	☐ Yes ☐ No			
	UT DAQ, USEPA, other State,	pany) have any past, present, or pending Territory, or Indian Tribe regulations? ecessary.		
F. Asbestos Company Certification Application Fee				
	Years (up to 5 years)	Total Fee		
Asbestos Company Certification	X \$275.00	\$		
G. Certification Statement				
including any attachments, is true and certification authorized pursuant to incorrect or inadequate information	d accurate to the best of my beli this application will be subject that materially affected the I also attest and affirm that	pestos Company Certification Application, ef and knowledge. I acknowledge that any et to revocation if issuance was based on decision to issue the Asbestos Company I will follow all work practice standards		
Applicant's Signature		Date Signed		
Applicant's Printed Name		Applicant's Title		
General Instructions				
	_	the fee paid by credit card at can be filled out and paid online at		

If you use this form's PDF fillable capability, please remember to save it to your desktop before closing or all information will be lost.