

**ASBESTOS INVESTIGATOR
CERTIFICATION APPLICATION**

(Please Type or Print Information)

**DO NOT WRITE IN THIS BOX
OFFICE USE ONLY**

APPLICATION/CERTIFICATION NUMBER:

INITIAL

RENEWAL

RECEIVED:

CHECK#

APPROVED:

ENTERED:

ACCEPTABLE

UNACCEPTABLE

EXPIRATION DATE:

MARCH 31, 20__

RETURN TO:

AIR MANAGEMENT SERVICES

ASBESTOS CONTROL UNIT

7801 ESSINGTON AVENUE

PHILADELPHIA, PA 19153

****ATTN: PROGRAM MGR.**

For questions or additional info, call (215) 685-7576

1. NAME OF APPLICANT:

2. E-MAIL ADDRESS:

3. ADDRESS OF APPLICANT:

4. PHONE NUMBERS:

MOBILE: () -

WORK: () -

5. COMPANY NAME/ADDRESS:

6. PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER:

7. COMMERCIAL ACTIVITY LICENSE NUMBER

**ENCLOSE A CHECK OR MONEY ORDER FOR \$225.00 MADE PAYABLE TO
"CITY OF PHILADELPHIA"**

NOTE: INFORMATION BELOW WILL BE USED TO DETERMINE ELIGIBILITY FOR APPROVAL OF ASBESTOS INVESTIGATOR CERTIFICATION.

8. **ATTACHMENTS:** PLEASE ATTACH APPROPRIATE DOCUMENTATION AND LABEL AS LISTED BELOW.

- A.** Current copy of PA Department of Labor & Industry Asbestos Building License along with a Building Inspectors Certificate from an EPA Accredited Training Provider Course.
- B.** Letter from your employer on company letterhead authorizing you to use to use their Philadelphia Business Tax Account Number and Commercial Activity License Number, (former Business Privilege License Number).
- C.** Copy of any one (1) of the following (Please check box of the one you are submitting):
 - Copy of a current license or certificate as a Professional Engineer, Registered Architect, Certified Industrial Hygienist or Certified Safety Professional.
 - Documentation of two (2) years of experience in SURVEY/HAZARD Assessment for asbestos **PLUS** (3) additional years of other related experience.
 - Evidence of Bachelor's degree in Engineering, Architecture, Environmental Health Science of related field work **PLUS** (1) year of experience in Survey/Hazard Assessment for asbestos **PLUS** (1) additional year of other related experience.
- D.** Photograph of applicant, (for ID card). Digital photos in jpg. format can be emailed to lynette.robertson@phila.gov.

APPLICANT CERTIFICATION:

I hereby certify that the foregoing statements are true and furthermore acknowledge that all applicable Federal, State and Local statutes, ordinances and regulations shall be observed. This certification is made subject to the penalties set forth in 18 PA.C.S. §4901 relating to unsworn falsification to authorities.

SIGNATURE OF APPLICANT:

DATE:

HEALTH DEPARTMENT APPROVAL:

DATE: