City of Philadelphia • Department of Public Health **Asbestos Project Inspector**			DO NOT WRITE IN THIS BOX • OFFICIAL USE ONLY				
			API Number:				
Recertification Application **NOTE – This application is for BOTH the API refresher class and the recertification		Application complete PHMC Check Number:	☐ Acceptable	☐ Unacceptable			
Send to: Air Management Services 7801Essington Ave. Philadelphia, PA 19158 Asbestos Control Unit Phone (215) 685-7576 Attention: (Licensing & Certification		es	City of Philadelphia Check Number:				
		3	Certification Expiration	Date:			
		ation Clerk)	May 31, 2026				
Applicant Information (please print)			Applicant Employer Information (please print)				
NAME:			COMPANY NAME:				
ADDRESS:			ADDRESS:				
CITY:	STATE	:	CITY:	STATE	:		
ZIP CODE:			ZIP CODE:				
PHONE:			PHONE:				
EMAIL ADDRESS:			EMAIL:				
Dates you wish to attend the 2025 API Refresher class (please check two):							
_	14, 2025 (10 am to 21, 2025 (10 am to		_	/ 28, 2025 (10 am to e 11, 2025 (10 am to			
* Please make sure that <u>BOTH</u> of the following checks are submitted with this application for each applicant* Course application fee, payable to "PHMC": \$85.00 Recertification fee, payable to "CITY OF PHILADELPHIA": \$225.00 *(Amended Fee 01/03/2019)							
MUST include letter from your employer authorizing you to use their Business Tax Account Number and Commercial Activity License Number							
I hereby certify that the foregoing statements are true and furthermore that I will use only Analytical Testing Laboratories certified by the Department of Licenses and Inspections to perform analysis. This certification is made subject to the penalties set forth in 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.							
Signature of applicant:		Date:	Approved by:		Date:		