



# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## ASBESTOS CONSULTANT LICENSURE APPLICATION

**\*IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED "WALK-IN MEETINGS". IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.\***

- ◆ The fee for initial licensure covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. Also, please be aware that subsequent licensure renewal fees are separate and distinct from the application fee. Licenses must be renewed annually during the licensee's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of licensure.
- ◆ It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. **It is not the responsibility of the Department to notify applicants of incomplete documentation.** It is recommended that applicants who are interested in expediting licensure contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
- ◆ No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to, "**TREASURER, STATE OF CONNECTICUT**" in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application; **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- ◆ Certificate requirements are subject to change as a result of new legislation, rules and regulations, or from new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current requirements.
- ◆ Any incomplete application, which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.

*Phone # (860) 509-7559*

*410 Capitol Avenue - MS # 51EPL  
P.O. Box 340308, Hartford, CT 06134*

*An Equal Opportunity Employer*

*[www.ct.gov/dph](http://www.ct.gov/dph)*

*Telephone device for the deaf (860) 509-7191*

## **ASBESTOS CONSULTANT LICENSURE**

**ELIGIBILITY** *An applicant must meet the eligibility requirements outlined below:*

1. An appropriate degree, Associates or Bachelor's, from a regionally accredited institution in engineering, architecture, industrial hygiene or in a related environmental science field; **or** two (2) years of employment experience as an asbestos consultant between July 1, 1985, and November 1, 1994; **AND**

2. successful completion of an initial training course and **all** subsequent required annual refresher courses accepted by the Connecticut Department of Public Health in the discipline for which licensure is sought.

3. **FOR Inspector:** a minimum of six (6) months employment experience in a related field **OR** two (2) months of field experience under the direct supervision of a certified inspector or management planner.

**FOR Inspector/Management Planner:** a minimum of six (6) months experience in asbestos abatement, including experience in asbestos management **OR** three (3) months field experience under the supervision of a certified management planner.

**FOR Abatement Project Designer:** a minimum of one (1) year of experience in asbestos abatement, including experience in abatement design **OR** six (6) months field experience under the supervision of a certified asbestos abatement project designer.

**FOR Asbestos Abatement Project Monitor:** a minimum of one (1) year of employment experience in asbestos abatement, including experience in project management, **OR** six (6) months field experience under the supervision of a certified project monitor.

**DOCUMENTATION REQUIRED** *An applicant for licensure must submit or arrange for the submission of the following:*

1. A completed, notarized application (*enclosed*) with photograph, and fee of \$200.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**

2. official verification, sent directly from each state licensing authority where an asbestos license, certificate or registration is or has ever been held (*form enclosed*); **AND**

3. an official transcript, sent directly from the educational institution, demonstrating receipt of an Associate's degree or a Bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or in a related environmental science field; **or** a letter from the employer(s) where two (2) years of employment experience as an asbestos consultant between July 1, 1985, and November 1, 1994, was completed, **AND**

4. official verification, sent directly from the appropriate authority to this office, of the required work or field experience (*forms enclosed*); **AND**

5. a legible copy of the course completion certificate issued by the provider of the initial training course and, if applicable, current refresher training.

**REINSTATEMENT** *In addition to the documentation listed above, reinstatement applicants must arrange for submission of the following:*

1. A completed, notarized application (*enclosed*) with photograph, and fee of \$200.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**

2. A written synopsis, (not a resume), of your professional activities since the license expired; **AND**

3. a letter from the appropriate authority confirming your most recent employment including dates and an evaluation of your performance. (If you own your own business, a letter from a health official, environmental engineer, or colleague in a related field).

All **supporting** documentation must be sent directly to:

Department Of Public Health- Asbestos Consultant Licensure  
410 Capitol Avenue, MS #51EPL, P.O. Box 340308  
Hartford, CT 06134-0308  
Fax: (860) 509-7378  
**PHONE: (860) 509-7559**

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
ASBESTOS CONSULTANT APPLICATION**

Lic#: _____
Effective ____/____/____
Reviewer: _____

**CHECK ONE:**      INITIAL APPLICATION \_\_\_\_\_      APPLICATION FOR REINSTATEMENT \_\_\_\_\_

**TYPE OF LICENSURE:** *Indicate type of license applying for. (If you are applying for licensure under more than one discipline, you must fill out and submit a separate application form and application fee for each discipline.)*

INSPECTOR       INSPECTOR/MANAGEMENT PLANNER   
PROJECT DESIGNER       PROJECT MONITOR

**IF YOU HAVE EVER BEEN LICENSED BY CONNECTICUT IN ANY ASBESTOS DISCIPLINE INDICATE TYPE AND LICENSE NUMBER:** \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Maiden name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SS#:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_      **Gender:** \_\_\_\_\_

**Name and mailing address:** This will be how your name and address will appear on your official license and all mailings from this office. This information may be released pursuant to Freedom of Information requests.

**Name on license:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Daytime phone number:** (\_\_\_\_) \_\_\_\_\_      **E-mail:** \_\_\_\_\_

**LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES:** List all states (other than Connecticut) in which you have ever been licensed, certified, accredited or approved in any asbestos abatement or consulting discipline. **You must forward a copy of the verification form to the state(s) in which you have ever been licensed, certified, accredited or approved.**

STATE	TYPE OF LIC/CERT/ACCRED/APPRVL	NUMBER	EXP. DATE

**EDUCATION:** An Associate's or Bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or in a related environmental science field **or** two (2) years of employment experience as an asbestos consultant between July 1, 1985, and November 1, 1994. **You must arrange for the forwarding of an official transcript, sent directly from the educational institution, to this office or a letter sent directly from the appropriate employer(s) verifying two (2) years of employment experience as an asbestos consultant between July 1, 1985, and November 1, 1994.**

INST. & LOCATION: \_\_\_\_\_ MAJOR: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_

**OR**

EMPLOYER(S)	ADDRESS	DATES OF EMPLOYMENT
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**EXPERIENCE:** Licensure requires Work or Field Experience as outlined for each licensure discipline on Page 2 of this application form under "ELIGIBILITY." Fill out section (A) or (B) below.

(A) **WORK EXPERIENCE:** Indicate the employer(s) you worked for while completing the required work experience. Complete the **TOP** portion of the attached "Verification of Work Experience Form" and send it to each employer listed below. The **BOTTOM** portion of the form must then be filled out by the employer and sent directly to this office.

EMPLOYER	ADDRESS	EMPLOYMENT DATES
		MO/YR TO MO/YR

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**OR**

(B) **FIELD EXPERIENCE:** Indicate the employer(s) you worked for while completing the required field experience. Complete the **TOP** portion of the attached "Verification of Field Experience Form" and send it to each employer listed below. The **BOTTOM** portion of the form must then be filled out by the employer and sent directly to this office.

EMPLOYER	ADDRESS	EMPLOYMENT DATES
		MO/YR TO MO/YR

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**TRAINING COURSE(S):** Indicate initial asbestos training course completed and **all** subsequent required annual refresher courses required for licensure. You must include a copy of **all** your course completion certificates.

COURSE TITLE	PROVIDER NAME/ADDRESS	DATE
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**PROFESSIONAL HISTORY:** Answer A-G by checking YES or NO. If you answer YES, follow directions below.

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? YES  NO

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES  NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?

YES  NO

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

YES  NO

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?

YES  NO

*If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.*

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

YES  NO

*If yes, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.*

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

YES  NO

*If yes, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.*

**PHOTOGRAPH:** Affix (glue, staple or tape) a recent passport type photo here.



**NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, \_\_\_\_\_ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
*Signature of Applicant*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*My Commission Expires*

**SEND APPLICATION AND FEE** FOR \$200.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

**ASBESTOS CONSULTANT LICENSURE  
DEPARTMENT OF PUBLIC HEALTH  
410 CAPITOL AVENUE, MS# 12MQA  
P.O. BOX 340308  
HARTFORD, CT 06134-0308**

**Privacy Act:** The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. The following information is provided to comply with these requirements. Disclosure of the social security number is mandatory, pursuant to Section 17b-137a(1), Connecticut General Statutes. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VERIFICATION OF EXPERIENCE: ASBESTOS CONSULTANT LICENSURE**

**APPLICANT:** Complete the top portion of this form and forward it to the employer indicated on the experience section of your licensure application. You may make a copy of this form if you need to send it to more than one employer.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Licensure Discipline Applying For: \_\_\_\_\_

Employer Indicated on Your Application: \_\_\_\_\_

Dates of Employment Indicated on Application Form: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY**

This is to certify that the above individual, \_\_\_\_\_ was employed from *Month* \_\_\_\_\_  
*Year* \_\_\_\_\_ to *Month* \_\_\_\_\_ *Year* \_\_\_\_\_ by \_\_\_\_\_ (company/entity).

1. Job title of highest responsibility of the above named individual: \_\_\_\_\_

2. List duties carried out under this job title:

\_\_\_\_\_  
\_\_\_\_\_

3. Did the above individual perform duties related to asbestos management? YES \_\_\_\_ NO \_\_\_\_

4. Did the above individual perform duties related to asbestos abatement design? YES \_\_\_\_ NO \_\_\_\_

5. Did the above individual perform duties related to asbestos project management? YES \_\_\_\_ NO \_\_\_\_

6. Do you have any derogatory information regarding the competency or conduct of this individual? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE FORWARD THIS FORM DIRECTLY TO:**

**Asbestos Consultant Licensure  
Connecticut Department of Public Health  
410 Capitol Ave, MS# 51EPL  
P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7559  
Fax: (860) 509-7378**

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**VERIFICATION OF FIELD EXPERIENCE: ASBESTOS CONSULTANT LICENSURE**

**APPLICANT:** Complete the top portion of this form for each occasion of field experience indicated and forward it to the employer indicated on the experience section of your licensure application. You may make a copy of this form if you need to send it to more than one employer.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Licensure Discipline Applying For: \_\_\_\_\_

Employer Indicated on Your Application: \_\_\_\_\_

Dates of Employment Indicated on Application Form: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY**

**EMPLOYER:** Please complete the bottom portion of this form and forward it to the address below.

1. Please fill out the appropriate section below according to category the above applicant is applying for (see above).

**Inspector:** This is to certify that the above named individual completed at least two (2) months of field experience between the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ under the direct supervision of \_\_\_\_\_ (*name of supervisor*) who is a certified inspector or management planner with license number \_\_\_\_\_.

**Inspector/Management Planner:** This is to certify that the above named individual completed at least three (3) months of field experience between the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ under the direct supervision of \_\_\_\_\_ (*name of supervisor*) who is a certified management planner with license number \_\_\_\_\_.

**Project Designer:** This is to certify that the above named individual completed at least six (6) months of field experience between the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ under the direct supervision of \_\_\_\_\_ (*name of supervisor*) who is a certified project designer with license number \_\_\_\_\_.

**Project Monitor:** This is to certify that the above named individual completed at least six (6) months of field experience between the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ under the direct supervision of \_\_\_\_\_ (*name of supervisor*) who is a licensed project monitor with license number \_\_\_\_\_.

2. Do you have any derogatory information regarding the above applicant. *If yes, explain below.*

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE FORWARD THIS FORM DIRECTLY TO:**

**Asbestos Consultant Licensure**  
**Department of Public Health**  
**410 Capitol Avenue, MS# 51EPL**  
**P.O. Box 340308**  
**Hartford, CT 06134-0308**  
**Phone: (860) 509-7559**  
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