

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

**ASBESTOS ABATEMENT SUPERVISOR CERTIFICATION
APPLICATION**

CHECK ONE: INITIAL APPLICATION APPLICATION FOR REINSTATEMENT
CT Certificate No: _____

First name: _____ Last name: _____ MI: _____ Maiden Name: _____

Date of birth: ____/____/____ Social Security No.: ____-____-____ Gender: _____

Name and Mailing Address: This will be how your name and address will appear on your official certification, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on Certificate: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Daytime phone number: () _____ E-mail: _____

RACE/ETHNIC DATA: (This section is voluntary. Information gathered will be used solely for the purpose of examining the demographics of Connecticut certificate holders. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)

- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK:** Persons having origins in any of the black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

TRAINING COURSE(S): Please submit a legible copy of your initial and most current training certificate from an approved Connecticut training provider or US EPA approved training provider.

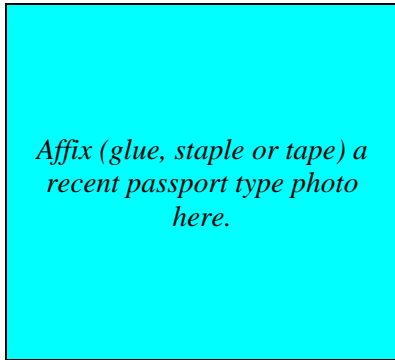
CREDENTIALS IN OTHER STATES/TRIBES: List all states (other than Connecticut) and tribes where you have or have had a credential in any asbestos abatement or consulting discipline. ***You must submit Form 1-Verification of State/Tribe Issued Credential to each state / tribe for verification of your credential status.***

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION DATE

STATEMENT OF 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:



NOTARIZATION:

On this _____ day of _____ in the year 20____, _____
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 20____.

Signature of Notary Public

My Commission Expires

REINSTATEMENT APPLICATIONS:

I certify that since my State Certification expired, I have not worked in Connecticut in the discipline for which I am
applying for reinstatement with this application.

Signature of Applicant

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$100.00 (CERTIFIED CHECK OR MONEY
ORDER) MADE PAYABLE TO, **“TREASURER, STATE OF CONNECTICUT”** TO:

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