New Jersey Department of Health Consumer, Environmental and Occupational Health Service Indoor Environments Program PO Box 369 Trenton, NJ 08625-0369

Indoor Environmental Consultant License Application EMPLOYEE QUALIFICATIONS: ASBESTOS INSPECTORS

Directions for Completion:

(1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)								Reason for Submission			
								New Applica	ation 🗌	Revision	
You must check one of the following:											
☐ The above-named applicant does not currently employ individuals who have currently valid asbestos inspector certifications, but will sub-contract asbestos inspection work to individuals who hold that certification.	in Co in lis	idividuals ertification idividuals sted belo	who h ns, but wi who hol ow. A	applicant of ave currently ill sub-contract that certific notarized coe included for	y valid asbe t asbestos ins ation. Those py of each	estos inspect spection work individuals a currently va	or ir to ir re n lid c	ndividuals who espector certifo otarized cop	o have curre fications as i py of eac	at currently employs ently valid asbestos ndicated below. A h currently valid d for each individual	
Asbestos Inspector Information State Certification Program Information									ogram Information		
Status of Staff						n/Liconeo	*** No. of	1		<u>-</u>	
Name of Individual (Last Name, First Name, MI)	Inactivo		Date of		Certification/ License Expiration		Certification Issued By		Contact Telephone		
	New	Existing	mactive *	Birth	Number **	Date	Relevant Experience	State ****	State Dept.	Number	

CEHS-11 MAY 14

No longer employed or active

Attach notarized copy

Attach Resume

**** As an alternative, name State Certification Program Name and Contact

Page_ pages.

Indoor Environmental Consultant License Application EMPLOYEE QUALIFICATIONS: ASBESTOS INSPECTORS (Continued)

Asbestos Inspector Information									State Certification Program Information		
Name of Individual		Status of Staff		Date of	Certification/ License		*** No. of Years of	Certification Issued By		Contact	
(Last Name, First Name, MI)	New	Existing	Inactive *	Birth	Number **	Expiration Date	Relevant Experience	State ****	State Dept.	Telephone Number	

CEHS-11	*	No longer employed or active
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^{**} Attach notarized copy

^{***} Attach Resume