

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES
ASBESTOS SAFETY UNIT
PO Box 816
TRENTON NJ 08625-0816

ASBESTOS SAFETY CONTROL MONITOR APPLICATION

1. APPLICATION TYPE:

Authorization	()	\$5,292	N.J.A.C. 5:23-8.11(h)1
Reauthorization	()	\$2,646	N.J.A.C. 5:23-8.11(h)3

2. FEE AMOUNT: \$_____ CHECK NUMBER:_____ DATE:_____

3. FIRM:_____ PHONE:_____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

4. Provide designated person that shall report to the Department. This person shall be available for emergencies outside of working hours. 5:23-8.11(a)1

NAME NUMBER	TITLE	HOME/BEEPER
_____	_____	_____

5. List names and certification numbers of all Asbestos Safety Technicians employed by the firm. (Use additional sheets as needed.) 5:23-8.11(b)4iv

NAME	AST NUMBER	SALARY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Information regarding financial integrity of the firm. Please submit a current **reviewed financial statement** prepared by an independent certified public accountant. 5:23-8.11(b)4i
7. List the capabilities of your firm to perform the required testing and sampling, the type and amount of equipment available and the personal to perform the testing. 5:23-8.11(b)4iii.
8. List laboratories that will analyze air samples for your firm and provide laboratory certification for PCM and TEM analysis. Also, provide a list of individuals listed in the Asbestos Analysts Registry. If no one is listed please provide details on how sampling will be done in occupied buildings. 5:23-8.11(b)4iii

Laboratory

Type of Analysis

9. Describe policies and procedures used by your firm for hiring, training, and daily site supervision of all persons employed as Asbestos Safety Technicians, including continuing education. 5:23-8.11(b)4v.
10. Provide a brief history of your firm focusing on your experience in performing similar or related functions. (Only new authorizations need answer this question, renewal applicants need only supply a list of project performed under the jurisdiction of N.J.A.C. 5:23-8 during the last certification period.) 5:23-8.11(b)4vi
11. Describe in detail the capacity of your firm to review plans and specifications for release to the administrative authority having jurisdiction. Please indicate what is done to assure that plans and specifications meet all applicable regulations before they are submitted to the administrative authority having jurisdiction. 5:23-8.11(a)1 & (b)4vii
12. Have your insurance company send a letter stating that your insurance policy meets Subchapter 8 requirements as set forth in 5:23-8.11(b)4ix and 5:23-4.14(e)5. Send an accord of your insurance policy with the Department as the certificate holder.
13. List the procedures your firm will use to discharge its duties as an Asbestos Safety Control Monitor. Include an organizational flowchart. 5:23-8.11(a)2

14. Complete the enclosed conflict of interest statement. 5:23-8.11(b)4viii
15. Provide a list of all who people who own at least 10% of the firm. Companies owned by other companies must provide a list of owners for the parent company.
16. It is hereby certified that:
 - (A) all technical jobs are and shall continue to be performed only by those personal who are properly certified.
 - (B) this firm does not and will not employ an individual in any capacity if that individual is presently an employee of an enforcing agency.
 - (C) the firm will immediately terminate any conflict of interest with respect to any of its employees should a conflict arise subsequent to this authorization.
 - (D) the firm is aware that **any lapse** in authorization will result in the firm no longer being eligible for reauthorization and the requirement that application be made for an authorization
 - (E) the answers given and information contained in this application are true to the best of my knowledge, and I further understand that any inaccuracy or misstatement, intentionally given is cause for the rejection of my application, or for the withdrawal of any authorization previously given, by the Bureau of Construction Code Enforcement.

Signed: _____ Date: _____

Name: _____

Title: _____

CONFLICT OF INTEREST STATEMENT

Firm Name _____ asbestos firm, licensed by the New Jersey Department of Community Affairs as an Asbestos Safety Control Monitor (ASCM) swears that it shall not perform work on any New Jersey Uniform Construction Code Subchapter 8 project, which is being performed by, or with the assistance of, any economically related firm.

An "economically related firm" shall include a firm in which the ASCM or one of its owners, officers, supervisory or managerial employees has any type of ownership interest, including but not limited to, a partnership, limited partnership, stockholder, optional or trust interest. Ownership of a publicly traded stock may be in amounts small enough to have no influence on corporate policy or profits may be declared by the Department to constitute no conflict of interest.

An "economically related firm" pursuant to the restrictions of N.J.A.C. 5:23-8.11(d), shall include: any firm with an economic interest performing removal work, site inspection, laboratory work, research or consulting work, manufacturing, distributing materials and equipment, providing patented equipment or products, or governed by licensing or other agreements concerning patented products or equipment, for the project monitored by the ASCM.

An "economically related firm" shall not include a firm which does air monitoring required under federal Occupational Safety and Health (OSHA) laws and regulations.

Firm Name _____ asbestos firm, acknowledges that it is economically related, according to the above definitions, to the following firms: _____ (If none, write NONE)

Firm Name _____ asbestos firm, acknowledges that it shall either engage in or bid on New Jersey Subchapter 8 projects involving the economically related firms listed herein. (If not applicable, write NA)

Firm Name _____ asbestos firm, shall update the contents of this affidavit as necessary or periodically as the Department requests.

In Witness Whereof, I have here unto set my hand this ____ day of _____, 20____.

Signature of person legally authorized
to bind company.

NOTARY'S SEAL AND/OR SIGNATURE