



STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF CODES AND STANDARDS  
ASBESTOS SAFETY UNIT  
101 SOUTH BROAD STREET  
P.O. Box 821  
TRENTON, NJ 08625-0821

**APPLICATION FOR ASBESTOS SAFETY CONTROL MONITOR (ASCM)  
PURSUANT TO N.J.A.C. 5:23-8**

1. Indicate application type in box below and **return application to the address above.**  
**Application fee:** Check or money order payable to "Treasurer, State of New Jersey".

Initial Application : [ ] \$5,875 N.J.A.C. 5:23-8.11(h)1.  
Reauthorization: ASCM # \_\_\_\_\_ [ ] \$2,937 N.J.A.C. 5:23-8.11(h)3.

2. NAME OF FIRM: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Information on designee that shall report to the Department and shall be available for emergencies outside of working hours. N.J.A.C. 5:23-8.11(a)3.

NAME OF DESIGNEE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

4. List below, the names, certification numbers, and range of salaries of all Asbestos Safety Technicians employed by the firm. Disclosure required pursuant to N.J.A.C 5:23-8.11(b)4. iv. **(Use additional sheets if needed).**

<u>Name of Asbestos Safety Technician</u>	<u>Certification Number</u>	<u>Salary</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRINT RESPONSES ON THIS PAGE FOR QUESTION ITEMS 1 THROUGH 4 ABOVE.**

**USE SEPARATOR PAGES OR SEPARATING TABS FOR RESPONSES TO QUESTION ITEMS 5 THROUGH 13.**

5. Provide information on financial integrity of the firm and submit a **current reviewed financial statement** prepared by an independent certified public accountant. Required pursuant to N.J.A.C. 5:23-8.11(b)4. i.
6. Provide information on technical capabilities of your firm to perform required testing and sampling, types and counts of equipments available, and the personnel certified to perform the testing. (N.J.A.C. 5:23-8.11(b)4. iii.)
7. List below, the laboratories that will analyze air samples for your firm and provide their laboratory certification for PCM and TEM analysis. Also, list your employees certified in the current AIHA Asbestos Analysts Registry. If none of your staff is listed in the current Asbestos Analyst Registry, please provide details on air sampling compliance in occupied buildings. This information is required pursuant to N.J.A.C. 5:23- 8.11(b)4. iii.

<b><u>Name of Laboratory</u></b>	<b><u>Type of Analysis</u></b> (TEM OR PCM)

8. Provide information on the policies and procedures instituted by your firm for hiring, training, project supervision and continuing education of all persons employed as Asbestos Safety Technicians. (N.J.A.C. 5:23-8.11(b)4. v.)
9. **Authorization Applicant:** Provide a brief history of your firm, clearly stating your firm’s experience in performing projects similar or related to projects within the enforcement jurisdiction of New Jersey Asbestos Hazard Abatement Subcode (N.J.A.C. 5:23-8) of the New Jersey Uniform Construction Code. **See Page 3 (next page) for additional instructions.**  
**Reauthorization Applicant:** Provide a list of projects performed under the jurisdiction of N.J.A.C. 5:23-8 during the last certification period. **See page 3.**
10. Provide information on your capability to review plans and specifications for release to the administrative authority having jurisdiction. Explain what is done, to assure that the plans and specifications meet all applicable regulations before they are submitted to the administrative authority having jurisdiction. (N.J.A.C. 5:23-8.11(a)1. & N.J.A.C. 5:23-8.11(b)4.vii.)
11. Provide a certificate of liability insurance indicating the Department as sole certificate holder. In addition, provide a letter from your insurance company stating that the insurance policy complies with N.J.A.C. 5:23-8 requirements as set forth in N.J.A.C. 5:23-8.11(b)4.ix. and clarified in 5:23-4.14(e)5.
12. Describe fully, the procedures your firm will use to organize its operations to effectively fulfill the requirements of N.J.A.C. 5:23-8. Also provide your firm’s organizational flowchart to show hierarchy. (N.J.A.C. 5:23-8.11(a)2)

13. Fully complete and notarize the conflict of interest statement on page 4. Disclosure is required pursuant to N.J.A.C. 5:23-8.11(b)4.viii.

13(b) It is hereby certified that:

- (A) all technical jobs shall be performed only by those personnel 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 initial 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 noted is cause for the rejection of this application, or for the withdrawal of any ASCM authorization previously issued by the Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS:**

**ALL APPLICANTS:**

PLEASE BEGIN THE RESPONSE TO EACH APPLICATION QUESTION ITEM (**FOR QUESTION ITEM 5 THROUGH QUESTION ITEM 13**) ON A SEPARATE PAGE. APPLICANT SHALL ALSO PROVIDE A SEPARATING TAB OR SEPARATOR PAGE FOR EACH QUESTION ITEM FOR QUESTION ITEM 5 THROUGH QUESTION ITEM 13. **APPLICANT'S FAILURE TO COMPLY WITH THE FOREGOING DIRECTIVES MAY RESULT IN PROCESSING DELAYS AND THE APPLICANT BEING ADVISED TO RESUBMIT THE APPLICATION IN ITS ENTIRETY.**

**REAUTHORIZATION APPLICANTS ONLY: (RESPONSE TO APPLICATION QUESTION ITEM 9)**

**APPLICANTS WITH ANNUAL MARCH 31 EXPIRATION:**

**List all N.J.A.C. 5:23-8 projects completed between April 1, previous year through March 31, current year.**

**APPLICANTS WITH ANNUAL SEPTEMBER 30 EXPIRATION:**

**List all N.J.A.C. 5:23-8 projects completed between October 1, previous year through September 30, current year.**

# **CONFLICT OF INTEREST STATEMENT**

Firm Name \_\_\_\_\_ asbestos firm, licensed by the New Jersey Department of Community Affairs as an Asbestos Safety Control Monitor (ASCM) pursuant to N.J.A.C. 5:23-8, 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 conduct air monitoring required under federal Occupational Safety and Health Administration (OSHA) laws and regulations.

Firm Name \_\_\_\_\_ asbestos firm, acknowledges that it is economically related, according to the above definitions to the following firm: \_\_\_\_\_  
(if there is no economic relationship with another firm, write "NONE" in the space provided above). Please use additional sheets if economically related to more than one firm.

Firm Name \_\_\_\_\_ asbestos firm, acknowledges that it shall not engage in or bid on New Jersey Uniform Construction Code subchapter 8 (N.J.A.C. 5:23-8) projects involving the economically related firm(s) listed. (If not applicable, please write "NA" in the space provided above).

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

In Witness Whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Name of person legally authorized to bind company

\_\_\_\_\_  
Signature

NOTARY SIGNATURE, STAMP AND/OR SEAL (below)