

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 PO Box 372  
 Trenton, NJ 08625-0372  
 609-826-4950

**INITIAL APPLICATION FOR  
 ASBESTOS TRAINING AGENCY CERTIFICATION**

FOR NJDOH USE ONLY	
Transmittal No.:	LT-
Date Received:	/ /
Amount: \$	
<input type="checkbox"/> Check	<input type="checkbox"/> MO No.:
Initials:	

*Renewal applications must be submitted at least 30 calendar days prior to the expiration date of the discipline you wish to renew. Please type or print legibly in ink. One initial course and corresponding refresher course may be submitted on an application. If you have any questions call the NJDOH at the above number. Forward completed application to the above address.*

**I. APPLICATION FEE AND COURSE TYPE**

**Course Fee:** A non-refundable application fee for annual certification in the amount of **\$500.00 per discipline** must be forwarded with this application. **(Please Note that initial and refresher courses are two separate disciplines.)** The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health".

**Type of Application:**  Initial

**Course Discipline (Check no more than one initial and one corresponding refresher):**

Worker-Initial     Worker-Refresher     Supervisor-Initial     Supervisor-Refresher

**II. GENERAL APPLICANT INFORMATION**

Name of Company					
Type of Company <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify): _____					
Mailing Address			Street Address (if different than mailing address)		
City	State	Zip Code	City	State	Zip Code
Business Telephone (    )			Fax Number (    )		
Federal Employer I.D. Number			Web Address (if applicable)		

**III. PRIMARY CONTACT INFORMATION**

Name		Position and/or Title with Company			
Address				Telephone Number (    )	
City	State	Zip Code	Email Address (if applicable)		

**IV. APPLICANT (COMPANY) INFORMATION**

How long has company/agency been in existence?  
 \_\_\_\_\_ Years                      \_\_\_\_\_ Months

Has applicant's name changed within the past 2 years?  
 No     Yes    If Yes: Former Name: \_\_\_\_\_

Is applicant approved by any federal, state or municipal office to conduct asbestos training?  
 No     Yes  
*If yes, please attach a list of all approved courses, original date of approval and the approving authority*

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(Continued)**

Name of Company

Is applicant an affiliate or a subsidiary of any other organization(s)?

Yes     No

If "Yes," list name(s) and address(es) of related organization(s) and relationship:

Name	Address	Relationship

*(Attach any additional names on a separate piece of paper)*

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

Name (Last, First, MI)	Address	Office/Title Held	% Ownership

*(Attach any additional names on a separate piece of paper)*

**V. APPLICANT HISTORY OF LEGAL ACTIONS**

If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

Has/is the applicant identified in Section II above:

Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDOH? .....  Yes     No

Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency?.....  Yes     No

Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? .....  Yes     No

Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? .....  Yes     No

Been a defendant in any civil or criminal litigation? .....  Yes     No

**VI. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Initial Application for Asbestos Training Agency Certification" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as an asbestos training agency in New Jersey.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name	Title
Signature	Date