

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

**RENEWAL 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, please contact 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: Renewal

Course Discipline(s) to Renew (Check no more than one initial and one corresponding refresher):

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

Course Discipline(s) to NOT Renew (Complete Sections II, III and V and send to above address):

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

II. GENERAL APPLICANT INFORMATION

| | | | |
|--|-----------------------|---------------|----------|
| Name of Company | | Agency Number | |
| Mailing Address | City | State | Zip Code |
| Street Address (if different than mailing address) | City | State | Zip Code |
| Business Telephone () | Fax Number () | | |

III. PRIMARY CONTACT INFORMATION

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

IV. APPLICANT RE-CERTIFICATION INFORMATION

| | |
|---|---|
| Is all of the information contained in the previous application still accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you check "No" you <u>must</u> include any updated information or materials with this application.</i> | If applicable, have any outstanding penalties been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If you check "No" you <u>must</u> pay all penalties before your re-certification can be approved.</i> |
|---|---|

V. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Renewal 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 a asbestos training agency in New Jersey. I certify that this agency can operate in compliance with N.J.A.C. 8:60.

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 |