APPLICATION FOR PERMIT RENEWAL

Each applicant is requested to voluntarily provide his or her Social Security number in his or her permit application to assist the Commissioner in the enforcement of the provisions of N.J.S.A. 34:5A-32 et seq.

Each Social Security number may be used as an identifier in the Commissioner’s computerized recordkeeping system to aid in the processing of permit applications.

Each Social Security number collected shall remain confidential to the Department of Labor and Workforce Development.

(TYPE OR PRINT LEGIBLY IN INK, ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM)

SOCIAL SECURITY NO.: ____________________________ EXPIRATION DATE: __________

LAST NAME: ____________________________ FIRST NAME: ____________________________ MI: ____________________________

STREET ADDRESS: ____________________________________________________________

CITY: ____________________________ STATE: ____________________________ ZIP CODE: ____________________________

DATE OF BIRTH: ______/____/____ AGE: _____ SEX OF APPLICANT: M/F ________ HEIGHT: ______ FEET ______ INCHES

WEIGHT: ______ (0) UNDER 120 POUNDS EYE COLOR: ______ (1) BLACK
CHECK ______ (1) 121 TO 140 POUNDS CHECK ______ (2) BROWN
ONE ______ (2) 141 TO 160 POUNDS ONE ______ (3) GREY
PLEASE ______ (3) 161 TO 180 POUNDS PLEASE ______ (4) BLUE
______ (4) 181 TO 200 POUNDS ______ (5) HAZEL (LIGHT BROWN TO YELLOW)
______ (5) 201 TO 220 POUNDS ______ (6) GREEN
______ (6) OVER 220 POUNDS ______ (7) OTHER (NOT OTHERWISE INDICATED)

HOME TELEPHONE NUMBER: ____________________________

DO YOU HAVE A VALID MOTOR VEHICLE DRIVER’S LICENSE? YES ______ NO ______

IF “YES” ABOVE, INDICATE STATE: ______ DRIVER’S LICENSE NO: ____________________________

I HAVE SUCCESSFULLY COMPLETED ANNUAL REFRESHER TRAINING AND I HAVE ATTACHED DOCUMENTATION AS PROOF OF SUCH AS A:

WORKER: ____________ SUPERVISOR: ____________

NAME OF AGENCY: ____________________________________________

COURSE LOCATION: ____________________________ DATE COMPLETED: ____________ NUMBER OF HOURS: ______

__________________________________________

New Jersey Is An Equal Opportunity Employer

ASBESTOS CONTROL & LICENSING
(609) 633-2159 • FAX (609) 633-0664
IN ORDER TO ISSUE YOU A RENEWAL PERMIT YOU MUST PROVIDE TWO (2) RECENT RECOGNIZABLE AND IDENTICAL, COLOR PASSPORT SIZE PHOTOGRAPHS TAKEN AGAINST A WHITE BACKGROUND OR BACKDROP (DO NOT WEAR WHITE T-SHIRTS OR SHIRTS ON A WHITE BACKGROUND OR BACKDROP). YOUR ENTIRE FACE BEING NOT LESS THAN THREE-QUARTERS OF AN INCH IN WIDTH. YOU MUST NOT BE WEARING A HAT, DARK GLASSES OR ANY OTHER ITEM WHICH MAY ALTER OR DISGUISE YOUR FACIAL FEATURES IN THE PHOTOGRAPHS. DO NOT CUT YOUR PICTURES TO SIZE. APPLICATIONS RECEIVED WITH PHOTOGRAPHS TOO SMALL FOR THE BADGING SYSTEM WILL BE RETURNED.

PHOTOCOPIES ARE NOT ACCEPTABLE. PLEASE WRITE YOUR NAME ON THE BACK OF YOUR PHOTOGRAPHS. DO NOT PRESS HARD ON THE BACK OF THE PHOTOGRAPHS.

PLEASE INDICATE THE NAME AND ADDRESS OF YOUR PRESENT EMPLOYER:

NAME: __________________________________________

ADDRESS: __________________________________________

CITY: ____________________________  STATE: ________________  ZIP CODE: ________________

WHAT IS YOUR POSITION WITH THIS EMPLOYER: ____________________________

APPLICANT STATEMENT

THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.


I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED.

I AGREE THAT OUTSIDE SOURCES MAY BE CONTACTED TO VERIFY THE INFORMATION I HAVE GIVEN IN THIS APPLICATION AND I DO HEREBY GIVE MY PERMISSION FOR DISCLOSURE OF ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE THE VALIDITY OF THIS PERMIT APPLICATION AND/OR MY PERMIT ELIGIBILITY.

________________________________________  __________________________
SIGNATURE OF PERMIT APPLICANT  DATE

THE RENEWAL PERMIT IF GRANTED SHALL BE ISSUED FOR A ONE (1) YEAR PERIOD. A FEE OF $100.00 FOR A WORKER PERMIT AND A FEE OF $150.00 FOR A SUPERVISOR PERMIT MUST BE ENCLOSED WITH THIS APPLICATION FOR PERMIT RENEWAL.

(CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO THE COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT.)

ACL-5  R-03/03