State of New Jersey
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
P.O. BOX 949
TRENTON, NJ 08625-0949

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A-32, ET SEQ.

APPLICATION FOR ASBESTOS LICENSE 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.

The New Jersey Administrative Code 12:120 for Asbestos Licenses and Permits provides for license renewals under sub-section 4.9 and states:

(a) When applying for the annual renewal of a license, it shall be necessary to submit a fee of $2,000.00.
(b) An application for renewal of a license shall not be approved until all outstanding penalties lawfully imposed on the applicant under the Asbestos Control and Licensing Act have been paid.
(c) When an application for renewal of a license is submitted prior to its date of expiration that license may continue in effect until the Commissioner of Labor and Workforce Development renders a determination on the application.
(d) An application for renewal of a license that has expired shall be treated as an original application.

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

1. COMPANY NAME: _____

   STREET ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____

2. PROVIDE A COPY OF YOUR COMPANY'S **CERTIFICATE OF INCORPORATION** (CORPORATE PAPERS). ALSO SUBMIT A COPY OF YOUR COMPANY'S **STANDING CERTIFICATE** WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, OFFICE OF COMMERCIAL RECORDING (TELEPHONE NUMBER 609-292-9292). IF YOUR COMPANY IS OUT OF STATE, YOU **MUST** ALSO SUBMIT A CERTIFICATE OF AUTHORITY TO DO BUSINESS IN NEW JERSEY, OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, DIVISION OF REVENUE (TELEPHONE NUMBER 609-292-9292).

   COMPANY IS A: ❑ CORPORATION ❑ PARTNERSHIP ❑ INDIVIDUAL

   CORPORATION NUMBER: _____ DATE INCORPORATED: _____

   NAME OF STATE YOU ARE INCORPORATED IN: _____

   NAME/ADDRESS OF REGISTERED AGENT IN NEW JERSEY:

   NAME: _____

   ADDRESS: _____

   _____

   CITY: _____ STATE: _____ ZIP CODE: _____

3. YOUR COMPANY CONTACT PERSON: _____

   YOUR COMPANY BUSINESS TELEPHONE: _____ EXT.: _____

   FAX NUMBER: _____ EMAIL ADDRESS: _____

4. a. PLEASE PROVIDE A RECENTLY DATED DOCUMENT AS **PROOF OF THE FEDERAL EMPLOYER IDENTIFICATION NUMBER** ASSIGNED TO YOUR COMPANY **(EG. A RECENT COPY OF A FEDERAL IRS FORM 1120, FORM 8501 OR FORM 8109)**.

   FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

   b. **NEW JERSEY UNEMPLOYMENT INSURANCE REGISTRATION NUMBER**: _____

5. HOW LONG IN MONTHS AND YEARS HAS THE COMPANY BEEN IN EXISTENCE OR BEEN OPERATING UNDER ITS CURRENT COMPANY NAME? _____ YEARS _____ MONTHS

   IF COMPANY NAME HAS CHANGED WITHIN THE PAST TWO (2) YEARS, INDICATE FORMER NAME AND ADDRESS:

   NAME: _____

   ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____

6. IS COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER ORGANIZATION? ❑ YES ❑ NO

   IF "YES", LIST NAME(S) AND ADDRESS(ES) OF RELATED ORGANIZATION(S) AND RELATIONSHIP BELOW (ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS REQUIRED):

NAME(S)	**ADDRESS(ES)**	**RELATIONSHIP**

7. LIST **ALL** OWNERS, PARTNERS, SHAREHOLDERS (10% OR MORE), OFFICERS, AND DIRECTORS OF THE COMPANY (ATTACH ADDITIONAL SHEET(S) IF REQUIRED):

NAME AND HOME ADDRESS	OFFICE/TITLE	SOCIAL SECURITY	% OWNERSHIP	DATE OF BIRTH

8. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS IN THIS SECTION, YOU **MUST** PROVIDE A DETAILED STATEMENT TO FULLY EXPLAIN THE CIRCUMSTANCES AND ATTACH STATEMENT TO APPLICATION.

   WITHIN THE PAST ONE (1) YEAR HAS/IS THE COMPANY OR ANY OF THE PARTIES IDENTIFIED IN SECTION 7:

   A. BEEN A PARTY IN LITIGATION INVOLVING LAWS GOVERNING HOURS OF LABOR, MINIMUM WAGE STANDARDS, PREVAILING WAGE RATE, CHILD LABOR OR DISCRIMINATION IN WAGES? ❑ YES ❑ NO

   B. BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR MOTOR VEHICLE VIOLATION? ❑ YES ❑ NO

   C. BEEN SUBJECT TO, OR HAS PENDING, ANY DISCIPLINARY ACTION(S) OR CITATION(S) OR VIOLATION(S) BY AN ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY, INCLUDING BUT NOT LIMITED TO OSHA, EPA AND DEP? ❑ YES ❑ NO

   D. NOW 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

   E. BEEN DENIED ANY LICENSE OR HAD IT SUSPENDED OR REVOKED BY ANY ADMINISTRATIVE, GOVERNMENTAL OR REGULATORY AGENCY? ❑ YES ❑ NO

   F. BEEN INFORMED OF ANY CURRENT OR ONGOING INVESTIGATION WITH RESPECT TO POSSIBLE VIOLATIONS OF SUCH COMPANY, PERSONS, OR PARTIES OF STATE OR FEDERAL SECURITIES, ANTI-TRUST, OR CRIMINAL LAWS? ❑ YES ❑ NO

   G. DISBARRED, SUSPENDED, OR DISQUALIFIED FROM CONTRACTING WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY? ❑ YES ❑ NO

   H. A DEFENDANT IN ANY CIVIL OR CRIMINAL LITIGATION? ❑ YES ❑ NO

9. FOR THIS SECTION, THE APPLICANT MUST SUBMIT A COPY OF HIS/HER CERTIFICATE OF INSURANCE STIPULATING THE NAME OF THE COMPANY'S INSURANCE CARRIER, THE POLICY NUMBER AND THE POLICY PERIOD UNDER WHICH THE ENTIRE NEW JERSEY WORKERS' COMPENSATION OBLIGATIONS ARE INSURED AND WHICH SPECIFIES THE NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT (ASBESTOS CONTROL AND LICENSING SECTION) AND THE NJ DEPARTMENT OF HEALTH (CONSUMER & ENVIRONMENTAL HEALTH SERVICES) AS CERTIFICATE HOLDERS. WORKERS' COMPENSATION INSURANCE FOR STATES OTHER THAN NEW JERSEY IS NOT ACCEPTABLE.

10. WITHIN THE PAST ONE (1) YEAR OF THE FILING OF THIS APPLICATION, ACCURATELY INDICATE THE TOTAL NUMBER OF SUCCESSFULLY COMPLETED ASBESTOS ABATEMENT PROJECTS ON WHICH THE COMPANY WAS EMPLOYED AS EITHER A CONTRACTOR OR SUBCONTRACTOR.

NUMBER OF PROJECTS: _____

PROVIDE A LIST OF ALL NEW JERSEY ASBESTOS ABATEMENT PROJECTS THE COMPANY HAS COMPLETED WITHIN TWO (2) YEARS OF THE FILING OF THIS APPLICATION (ATTACHMENTS MAY BE REQUIRED).

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

11. IDENTIFY A COMPANY PRINCIPAL OR A COMPANY JOB SUPERVISOR WHO HAS SUCCESSFULLY COMPLETED A "SUPERVISORS TRAINING COURSE" IN ASBESTOS ABATEMENT THAT HAS BEEN CERTIFIED BY THE COMMISSIONER OF HEALTH OF THE STATE OF NEW JERSEY AND HAS BEEN ISSUED A VALID PERFORMANCE PERMIT WITH A **SUPERVISORY** DESIGNATION **(SUBMIT A PHOTOCOPY OF THE SUPERVISORY PERMIT)**.

NOTE: For items 12 through 20 inclusive, submit ONLY specific changes in your company's policies and procedures which are different from your previous responses on your prior application for license. If there are no specific changes, indicate in writing that you will comply with all policies and procedures submitted on your previous company's application for a license.

12. RESPIRATORY PROTECTION

13. ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT

14. ENGINEERING METHODS AND CONTROLS

15. COMPANY EQUIPMENT

16. WORK PRACTICES

17. DANGER SIGNS AND DANGER LABELS

18. WASTE HANDLING AND DISPOSAL

19. WORKER ASBESTOS EXPOSURE DATA

20. MEDICAL EXAMINATIONS

21. **APPLICANT STATEMENT** – PLEASE READ THE STATEMENT BELOW THOROUGHLY AND MAKE SURE YOU HAVE SIGNED AND DATED THE APPLICATION.

    AS THE RESPONSIBLE APPLICANT-EMPLOYER, I UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR LICENSE IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

    I ALSO UNDERSTAND THAT IF SUCH INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, THAT THE APPLICANT-EMPLOYER IS SUBJECT TO THE PENALTY PROVISIONS OF PUBLIC LAW 1984, CHAPTER 173, AS AMENDED AND SUPPLEMENTED BY PUBLIC LAW 1994, CHAPTER 21.

    I ALSO 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 LICENSE APPLICATION VALIDITY AND/OR ELIGIBILITY.

    I ALSO UNDERSTAND THAT FAILURE TO PROVIDE FULL AND TIMELY DISCLOSURE OF ANY OF THE REQUESTED OR REQUIRED INFORMATION OR DOCUMENTATION MAY RESULT IN REJECTION OF THIS APPLICATION FOR LICENSE UNDER REVIEW.

    I AM AUTHORIZED TO SIGN FOR AND IN BEHALF OF PERSON(S) LISTED UNDER ITEM 7 OF THIS APPLICATION FOR LICENSE.

_____	_____	_____
SIGNATURE	**NAME AND TITLE (TYPE OR PRINT)**	**DATE**

- **A FEE OF $2,000.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR LICENSE**
- **A FEE OF $200.00 MAY BE SUBMITTED FOR EACH ADDITIONAL DUPLICATE REQUESTED**
- **MAKE THE *CERTIFIED* CHECK OR MONEY ORDER PAYABLE TO COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT**

FORWARD THE APPLICATION AND FEE TO:

STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
ASBESTOS CONTROL & LICENSING
P.O. BOX 949
TRENTON, NEW JERSEY 08625-0949

Telephone: (609) 633-2159
Fax: (609) 633-0664
E-Mail: asbestos@dol.state.nj.us

Company Affirmation:

In consideration for asbestos abatement licensure or renewal licensure, please affirm that your company agrees to comply with the following:

1. All projects, public and private, will be defined in writing and that this documentation will be made available at the abatement site for inspection.
2. Amended water will be used to wet all asbestos.
3. Decontamination units will be available on all sites. For full containment abatements, the decontamination unit will be a minimum of 3 stages with triple flaps separating each chamber with a shower in between the equipment room and the clean room. The decontamination unit shall be attached to the work area. For glove bag abatements, the contractor shall provide either a remote shower or an attached 3-stage decontamination unit.
4. All showers shall have hot and cold water.
5. All movable objects shall be removed from the work area or sealed with one layer of polyethylene sheeting.
6. The HVAC shall be shut down and sealed with 2 layers of polyethylene sheeting.
7. OSHA caution signs shall be posted at the entrance to all regulated areas and on waste storage facilities.
8. All polyethylene used for sheeting and waste bags shall be a nominal 6 mils thick.
9. Tinted sealant shall be applied to all surfaces exposed during abatement.
10. All visible ACM shall be removed as per the scope of work.
11. Final air testing shall comply with the requirements of N.J.A.C. 12:120-4.7(c) (formerly N.J.A.C. 5:16-4.7(c)).
12. For full containment projects, air filtration units shall provide for at least 4 air changes per hour and walls, ceilings and floors shall be covered with one layer of polyethylene sheeting.
13. For glove-bag projects, glove bags will be used once only. A drop cloth shall be placed below piping and all glove bag removal shall be accomplished using 2 individuals.
14. The contractor agrees to adhere to the following regulations, when applicable:
    - 29 CFR 1910.1001
    - 29 CFR 1926.1101
    - 29 CFR 1910.134
    - 40 CFR Part 61
    - N.J.A.C. 7:26
    - N.J.A.C. 12:120 (formerly N.J.A.C. 5:16)
    - N.J.A.C. 5:23-8

This applicant affirms that the company will follow the above referenced items on all abatement projects, as a minimum. If more stringent requirements are imposed by regulation or job specification, then the applicant affirms that they are bound by the more restrictive requirements.

The applicant also affirms that if any of its other previous submissions to the Department are less stringent than identified above, then the applicant shall comply with the aforementioned affirmations.

_____

Company Name

_____ _____

Signature of Authorized Representative Making Affirmation Date

_____

Print Name and Title of Authorized Representative

ASBESTOS NOTIFICATIONS GUIDE

For notification requirements on emergency projects, contact appropriate agency for details.

NEW JERSEY

AGENCY	GENERAL REQUIREMENTS
NJ Department of Community Affairs Asbestos Safety Unit (Subchapter 8) 101 South Broad Street, 4th Floor PO Box 816, Trenton, NJ 08625-0816 Telephone: 609-633-6224	Greater than 25 square feet of surface area ACM or Greater than 10 linear feet of piping ACM Pertains to educational facilities and public buildings Notifications per NESHAPS (40 CFR Part 61, Subpart M)
NJ Department of Environmental Protection Division of Solid and Hazardous Waste Bureau of Technical Assistance PO Box 414, Trenton, NJ 08625-0414 Telephone: 609-984-6985	Notification of Intent To Dispose sent 10 days prior to movement of asbestos waste
NJ Department of Health Consumer & Environmental Health Services PO Box 360, Trenton, NJ 08625-0360 Telephone: 609-631-6749	Greater than 3 square feet or greater than 3 linear feet Greater than 1% asbestos 10 day notice prior to start of project (calendar days) ALL private and public sector work
NJ Department of Labor & Workforce Development Asbestos Control & Licensing Section 1 John Fitch Plaza, 3rd Floor PO Box 949, Trenton, NJ 08625-0949 Telephone: 609-633-3760	Greater than 3 square feet or greater than 3 linear feet Greater than 1% asbestos 10 day notice prior to start of project (calendar days) ALL private and public sector work

FEDERAL

AGENCY	GENERAL REQUIREMENTS
U.S. Environmental Protection Agency Region II, Enforcement & Compliance Assistance 290 Broadway, 21st Floor New York, NY 10007-1866 Telephone: 212-637-4042	Notification of intent to demolish or renovate sent 10 working days prior to asbestos stripping/removal activity when combined amount of regulated ACM is greater than 260 linear feet from piping or greater than 160 square feet on facility components Notifications include work practices to be utilized to prevent asbestos emissions in addition to scheduled start/completion dates, quantities of ACM, and waste transporter/disposal information

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address	
		City, State, Zip Code	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address				
City (5)		Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7) ***(STATE USE ONLY)*** _____	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State		Disposal Date	City, State

Completed by	Title	Signature	Date

* Do not use this form for asbestos licensure exempted activities.