



*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 PERMIT**

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER ON 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.: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX OF APPLICANT: M/F \_\_\_\_ HEIGHT: \_\_\_\_\_  
MO / DAY / YR 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: \_\_\_\_\_

PRIOR TO THE FILING OF THIS APPLICATION, HAVE YOU SUCCESSFULLY COMPLETED AN ASBESTOS TRAINING COURSE APPROVED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES? YES ☐ NO ☐

IF "YES" ABOVE, WORKER ☐ OR SUPERVISOR ☐ NAME OF AGENCY: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_ NUMBER OF HOURS: \_\_\_\_\_

**HAVE YOU TAKEN AND PASSED THE WRITTEN DEPARTMENT OF HEALTH AND SENIOR SERVICES EXAMINATION WITH A SCORE OF 70 OR BETTER? IF SO:**

COURSE LOCATION: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_ NUMBER OF HOURS: \_\_\_\_\_

DATE OF WORKER EXAM: \_\_\_\_\_ WHAT WAS YOUR SCORE: \_\_\_\_\_ (ATTACH A COPY)

DATE OF SUPERVISOR EXAM: \_\_\_\_\_ WHAT WAS YOUR SCORE: \_\_\_\_\_ (ATTACH A COPY)

IN ORDER TO OBTAIN YOUR INITIAL 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 AGAINST A WHITE BACKGROUND OR BACKDROP**). YOUR ENTIRE FACE MUST BE SHOWN IN THE PHOTOGRAPH, BEING NOT LESS THAN THREE-QUARTERS OF AN INCH IN WIDTH. DO NOT WEAR 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 THAT ARE 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 PROVIDE BELOW 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 IF THE INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, I AM SUBJECT TO THE PENALTY PROVISIONS UNDER THE ASBESTOS CONTROL AND LICENSING ACT, P.L. 1984, c. 173, AS AMENDED AND SUPPLEMENTED BY P.L. 1994, c. 21.

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 PROVIDED ON THIS APPLICATION AND I HEREBY GIVE MY PERMISSION FOR DISCLOSURE OF ANY AND ALL INFORMATION REQUIRED TO DETERMINE THE VALIDITY OF THIS PERMIT APPLICATION AND/OR MY PERMIT ELIGIBILITY.

---

**SIGNATURE OF APPLICANT**

---

**DATE**

**THE PERMIT, IF GRANTED, SHALL BE ISSUED FOR A PERIOD OF ONE (1) YEAR. 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, ALONG WITH A CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO THE COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT.**