



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 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: _____
MO/DAY/YR FEET INCHES

WEIGHT: _____ (0) UNDER 120 POUNDS
CHECK _____ (1) 121 TO 140 POUNDS
ONE _____ (2) 141 TO 160 POUNDS
PLEASE _____ (3) 161 TO 180 POUNDS
_____ (4) 181 TO 200 POUNDS
_____ (5) 201 TO 220 POUNDS
_____ (6) OVER 220 POUNDS

EYE COLOR: _____ (1) BLACK
CHECK _____ (2) BROWN
ONE _____ (3) GREY
PLEASE _____ (4) BLUE
_____ (5) HAZEL (LIGHT BROWN TO YELLOW)
_____ (6) GREEN
_____ (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: _____

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 IF SUCH INFORMATION CONTAINED IN THE 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 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.**)