



**New York State Department of Labor**

Division of Safety and Health  
 License and Certification, Room 161A  
 State Campus Building 12  
 Albany, NY 12240

For Office Use
AH ___ - _____

**Asbestos Certificate Application**

<b>1. Asbestos Certification Requested</b> (Check the box for each type of certificate for which you are submitting separate training documentation; circle the certificate title being requested, if you are applying for more than one certificate using a single training course.)			
<input type="checkbox"/> A Asbestos Handler - \$50	<input type="checkbox"/> D Inspector - \$100	<input type="checkbox"/> G Supervisor - \$75	
<input type="checkbox"/> B Rest. Allied Trades - \$50	<input type="checkbox"/> E Management Planner - \$150	<input type="checkbox"/> H Project Monitor - \$150	
<input type="checkbox"/> C Air Sampling Tech - \$75	<input type="checkbox"/> F Operations & Maintenance - \$50	<input type="checkbox"/> I Project Designer - \$150	
2. Social Security Number		3. Nine Digit N.Y.S. Dept. of Motor Vehicles License or ID Number	
4. Last Name of Applicant		5. Physical Characteristics	
First	Middle	a. Height: ____ Ft. ____ In. b. Weight ____ Lbs.	
6. Number and Street Address		c. Hair Color _____ d. Eye Color _____	
7. City, Town, Village		State	Zip Code
8. Area Code		Telephone	<input type="checkbox"/> New <input type="checkbox"/> Renewal
9. Date of Birth		10. DOH 2832 Training Certificate No.	
M / D / Y			

**11. Applicant Verification Statement**

The applicant agrees that he/she will abide by the requirements of Article 30 of the New York State Labor Law and all the rules and regulations promulgated pursuant to Article 30 of the Labor Law.

The applicant attests that the information contained in this application is accurate, true, and complete to the best of the applicant's knowledge and that false statements made in this application are subject to the applicable provisions of the New York State Penal Law.

The applicant understands (1) that this application is subject to verification by the Department; (2) agrees to provide any additional documentation requested by the department; (3) gives his/her authorization to the Department to contact, verify, disclose and/or share the information in this application with other agencies as necessary; and (4) failure to provide or further authorize disclosure of any requested information can result in rejection of this application.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

\_\_\_\_\_ a. Signature of Applicant      \_\_\_\_\_ b. Print Name      \_\_\_\_\_ c. Date

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (EXPLAIN REASON)																				
Date _____																					
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<b>Above Space For Office Use Only</b>																					
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