

___10. Read and sign the following statement:

Under penalties of law, I declare that to the best of my knowledge and belief, the above is true, correct, and complete.

Signature _____ Date _____

Print Name _____

ATTACH WITH APPLICATION:

Provide one (1) copy of the State of Delaware approved four (4) day Asbestos Worker Training Course completion certificate issued by an approved training provider in Delaware or a comparable training course approved by the State of Delaware under Reciprocity.

A statement from a doctor that the Asbestos Worker had continued medical surveillance in accordance with OSHA 1910.1001 and is medically approved for respirator use ("B" Reader Chest X-Ray, Complete Physical and a Pulmonary Function Test).

Required application fee of \$25.00 (cash, money order, or company check only).

All licensees must present in person, a valid Government issued Identification (i.e., Active Driver's License, Active DMV identification card with photo, Active Work Visa ID with photo, Active Passport ID with photo or Active Resident Alien ID with photo) with this application.

NOTE: Under Reciprocity, all applicants must submit all training certificates (initial training and each year thereafter) for review by the Asbestos Office prior to the processing of the Delaware certification. Approved training providers must be EPA approved, Region III state approved and the course must be taught within a Region III state's boundaries.