

APPLICATION FOR APPROVAL OF ASBESTOS WORKER – CLASS “A”

1. Name of applicant (print): \_\_\_\_\_

2. Applicant's Home Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

3. Personal Information:

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

4. Name of applicant's present employer: \_\_\_\_\_

5. How long have you been employed with this firm? \_\_\_\_\_

6. Total amount of experience in asbestos abatement (years/months): \_\_\_\_\_

7. Have you taken part in a medical surveillance program?      Yes      No

If yes, name of Doctor: \_\_\_\_\_

Date of exam: \_\_\_\_\_

8. Is this a new application or a request for renewal? \_\_\_\_\_

9. Are you presently a Certified Asbestos Worker in another state?      Yes      No

If so, where? \_\_\_\_\_

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:

1. Provide proof of training certification for a thirty-two (32) hour Asbestos Worker Training Course and/or refresher certifications issued by an approved training provider of Region III.
2. 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).
3. 1 Color photograph (can also be sent electronically to [tanya.reed@delaware.gov](mailto:tanya.reed@delaware.gov))
4. Required application fee of \$25.00 (cash, money order or company check **ONLY**).

**All licensees must present a valid Government issued photo identification when applying.**

**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.**