

APPLICATION FOR APPROVAL OF ASBESTOS WORKER/SUPERVISOR – CLASS “B”

1. Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip

3. Personal Information:

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

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

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

Email Address: \_\_\_\_\_

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

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

6. Total amount of experience in this field (years/months): \_\_\_\_\_

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

8. 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: \_\_\_\_\_

**All licensees must present a valid Government Issued Photo Identification when applying.**

ATTACH WITH APPLICATION:

1. Provide proof of training certification and/or refresher certifications issued by an approved training provider of Region III.
2. Required application fee of \$20.00 (cash, money order or company check **ONLY**).  
**Attach a \$20.00 non-refundable application fee payable to the State of Delaware.**  
**Credit Card Payments Accepted Online**
3. 1 Color photograph - can also be sent electronically to:  
[asbestos-applications@delaware.gov](mailto:asbestos-applications@delaware.gov)