

CERTIFICATION/RECERTIFICATION  
**ASBESTOS SUPERVISOR/ WORKER CLASS "B"**

**PHOTO SHEET**

STATE OF DELAWARE

DIVISION OF FACILITIES MANAGEMENT

NAME: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE**

CERTIFICATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PICK UP DATE: \_\_\_\_\_

PLEASE FILL OUT THE TOP PORTION OF THIS SHEET AND ATTACH ONE COLOR PHOTOGRAPH TO THIS BOTTOM PORTION.

OR SUBMIT PHOTOGRAPH ELECTRONICALLY TO [asbestos-applications@delaware.gov](mailto:asbestos-applications@delaware.gov)