



APPLICATION FOR ASBESTOS WORKER LICENSE

QUALIFICATIONS FOR ASBESTOS WORKER LICENSE

In accordance with the Asbestos Abatement Act and Code, and the Commercial and Public Building Asbestos Abatement Act (Public Act 89-143, effective July 14, 1995) the Illinois Department of Public Health (IDPH) shall license persons desiring to serve as asbestos workers in Illinois public and non-public school facilities (grades one through twelve), and commercial and public buildings. The IDPH asbestos worker license allows you to conduct asbestos worker activities in commercial and public buildings, as well as schools.

GENERAL LICENSING INFORMATION

All licenses shall expire on February 1 of each year. Licenses issued on October 31 or before will expire February 1 of the coming year. Licenses issued on November 1 or after will expire February 1 of the following year. (**EXAMPLE:** Applicants whose licenses are issued on October 31 will be issued a license for 3 months. Applicants whose licenses are issued November 1 will be issued a license for 1 year and 3 months.)

To become an Illinois Department of Public Health licensed asbestos worker, the applicant shall:

1. Be at least 18 years of age.
2. Submit a completed and signed application including the child support statement (enclosed).
3. Submit a **\$25.00 check or money order** made payable to the Illinois Department of Public Health. **This fee is NOT REFUNDABLE.**
4. Submit one 1" x 1" photograph of applicant (head and shoulders only) with the full name of the applicant on the back of the photograph. The photograph shall be an original, clear, current and color picture of the applicant. The license will not be issued without the identifying photograph.
5. Submit an IDPH accredited initial training course certificate for asbestos worker or contractor/supervisor. If the initial training course certificate has expired the applicant shall also include copies of IDPH accredited refresher training course certificates for each year indicating no lapse in training. The applicant shall complete the same type of refresher course as initial course.
6. In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

Duplicate licenses are obtained by submitting a written request to the Department for a duplicate license with a photograph of the licensee and a \$15.00 check or money order. A duplicate license will not be issued if the training course certificate is expired. Any changes in the licensee's name or address must be submitted in writing.

A refresher course shall be completed annually to maintain accreditation and licensure. **If a training course certificate has been expired for more than one year from the expiration date, the applicant shall retake the initial course.** It is the applicant's responsibility to keep their training course certificates current. The Department will verify all training course certificates, submitted for licensure, with the training course provider before a license is issued. **It takes approximately fifteen working days to process a license.**

Renewal of licenses - An applicant shall submit a current IDPH accredited refresher course certificate. All license renewals are due December 31 of each year. A **\$15.00 late fee** will be required if the renewal application is received January 1 or after.

Reinstatement of licenses - An applicant whose license has been expired for more than one year may apply to the Department for reinstatement. The applicant shall meet the requirements of a new applicant and submit a reinstatement fee of \$50.00 in addition to the \$25.00 application fee.

Reciprocity - Out of state residents applying for licensure in Illinois for the first time, may submit U.S. EPA or other state accredited training course certificates and meet the requirements of a new applicant.

It is required by law (5 ILCS/100/10-65 (c) of the Illinois Administrative Procedure Act, amended by P.A. 87-823 that individual licensees certify whether they are more than 30 days delinquent in payment of child support. All applicants shall comply with this Act. Applicants shall complete and sign the child support statement. Failure to complete this statement will result in an incomplete application, and a delay in issuing the license. Making a false statement may place you in contempt of court.

The **Public Information Disclosure** information must be completed to allow the Department to release your personal contact information for public distribution, through freedom of information (FOI) request, Internet listing, etc. **ONLY** those asbestos licensees who complete this information will be included in Department lists.

Failure to provide all of the requested information will result in delay of the license. Please submit all applications to the Illinois Department of Public Health, Asbestos Program, 525 West Jefferson Street, Springfield, Illinois 62761

If you have any questions, please contact the Asbestos Program at (217)782-3517, **for the hearing impaired only (TTY# 800-547-0466).**

Applications are published on the Internet at
WWW.IDPH.STATE.IL.US/ENVHEALTH/EHHOME.HTM



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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, IL 62761

ID# _____
For IDPH Use Only

\$25.00 CHECK OR MONEY ORDER MUST ACCOMPANY THIS APPLICATION

Please Type or Print

APPLICANT NAME _____
First Name Middle Initial Last Name

HOME ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____

SOCIAL SECURITY# _____ APPLICANT'S AGE _____ DATE OF BIRTH _____

In Accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

A COPY OF AN IDPH ACCREDITED INITIAL TRAINING COURSE CERTIFICATE SHALL BE INCLUDED WITH THE APPLICATION

The law (5ILCS/100/10-65) requires that all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. **Check only one box!**

- I am not more than 30 days delinquent in complying with a child support order; **or**
- I am more than 30 days delinquent in complying with a child support order; **or**
- This statement does not apply.

The Public Information Disclosure below must be completed to allow the Department to release your personal contact information for public distribution, through freedom of information (FOI) request, Internet listing, etc. **ONLY** those asbestos licensees who complete this information will be included in the Department lists. By checking a box below, you authorize this Department to publish your business or personal information on all IDPH listings. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below. I authorize the Illinois Department of Public Health to include my:
(Check only **ONE** box) Personal Information I do not wish to be listed

SUBMIT TWO 1" x 1" PHOTOGRAPHS OF THE APPLICANT (*head and shoulders only*).

I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health may deny, revoke or suspend my application for an Asbestos Worker License for knowingly making false or fraudulent claims.

Signature Field _____

DATE _____

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1325. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANTS LICENSE. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.