

Ohio Department of Health

Application for Certification

Read carefully all the instructions and questions before completing this application.

1. Application including check shall be typed or legibly printed in ink and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount as specified below. (see line 10)

Completion of this form is required by Rule 3701-34-03 Ohio Administrative Code

3. (check one) <input type="checkbox"/> initial certification <input type="checkbox"/> renewal	4. Social Security Number	5. Date of Birth	
6. First name	Middle name	Last name	
7. Street and number	City	State	ZIP
8. Employer			
Street and number	City	State	ZIP
9. Business phone ()	Home phone ()		

Important!

- ✓ Make sure you complete a separate application for each different certification category.
- ✓ Make sure you attach copies of your training course certificate(s).
- ✓ Make sure you submit two current, original, and clear, one inch by one inch, color photographs of the applicant for the purpose of providing proper identification, such as the type of photographs used in passports or driver licenses. (Photographs may be of film or digital format)

10. Check the desired certification category and pay the corresponding non-refundable fee. Check only one.

Category	Fee	Category	Fee
<input type="checkbox"/> Asbestos Hazard Abatement Specialist	\$200.00	<input type="checkbox"/> Asbestos Hazard Abatement Worker	\$50.00
<input type="checkbox"/> Asbestos Hazard Evaluation Specialist	\$200.00	<input type="checkbox"/> Asbestos Hazard Abatement Air-Monitoring Technician	\$100.00
<input type="checkbox"/> Asbestos Hazard Abatement Project Designer	\$200.00		

11. List any other state asbestos licenses or certifications you hold or have held.

12. Have you ever been convicted of a felony under any state or federal law designated to protect the environment?

- Yes No If yes, please attach a detailed explanation.

This application will not be accepted if oath is omitted

I solemnly swear that the answers I have made to each and all questions in this application, whether in print or writing, are full and true to the best of my knowledge.

Signature of applicant

Do not write in space below, Ohio Department of Health use only

Accepted	Comments
Rejected	