

C. Education

High School: _____
Name Location Highest Grade Completed

Name any technical, vocational, or special trade schools, colleges, and/or graduate schools you have attended. Indicate highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper if necessary.

School	Course of Study	Highest Level Completed	Degree(s) Received	Year Graduated

D. Experience

Complete the following items about your experience if you are applying for **contractor/supervisor, inspector, management planner, project designer, or project monitor** certification. Attach additional sheets if necessary.

Title or Occupation: _____ Supervisor's Name: _____

Business Name: _____
Name

Street Address, Suite # _____ City State Zip Code

Business Phone #: _____ Period of Employment: _____
From To

E. Training

Please submit the original training certificate(s) from the initial course and all subsequent refresher courses taken, for the discipline(s) you are applying for. The original training certificate(s) will be returned. If your training is from another state, please call the office at (808) 586-5800 for additional requirements.

F. Professional Certifications

In the following blanks, list professional certifications held, such as, Industrial Hygienist, Professional Engineer, Registered Architect, Environmental Scientist. Attach additional sheets of paper if necessary.

Certification

Area where registered

Certification

Area where registered

If you hold current permits, licenses, certifications, or registrations in the asbestos field in any region or area, please fill in the following blanks. Attach additional sheets if necessary.

Discipline in which certification held

Area/Region

Cert. #/ ID #

Date Received

Discipline in which certification held

Area/Region

Cert. #/ ID #

Date Received

G. Asbestos Activity Violations

Do you have any past or pending asbestos activity violations? Yes No

If **yes**, please attach a written explanation of circumstances, outcome, and action taken to remediate the problem.

H. Additional Information

Please attach any additional documentation if you have other qualifications or information that you would like the Department to be aware of.

I. Signature

Please sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affect the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to Hawaii Administrative Rules §11-504-4, follow work practice standards according to §11-501, and conduct asbestos activities only in those fields in which I have received certification.

Applicant's Signature

Date Signed

Applicant's Title

J. Checklist

Before you submit your application, please check to make sure that you have:

- Filled out all sections completely
- Signed and dated the application
- Enclosed the **original** course completion certificate(s)
- Made a copy of entire application along with any attachments for your files
- Enclosed any additional documentation
- Enclosed the appropriate certification fee
- Enclosed documentation of your education, experience, and professional certifications (*if needed*)
- Call (808) 586-5800 to request an appointment

Submit original completed application, all supporting materials, and fees to:

STATE OF HAWAII
DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
ASBESTOS SECTION
99-945 Halawa Valley Street (Effective 06/23/2016, this is the new address)
Aiea, HI 96701
Telephone #: (808) 586-5800

Please make checks payable to **STATE DEPARTMENT OF HEALTH**. There will be a \$25.00 service fee for any check dishonored by the bank.

- ❖ Your original course certificate(s) will be returned to you after we make a copy

Please call (808) 586-5800 to schedule an appointment for I.D. card issuance or for further assistance.