



For Official Use Only
 Date Received: _____
 Rec. Number: _____
 Comments: _____

Form for Asbestos Entity Registration (Consultants & Contractors)

Please print or type responses in black or blue ink

Name of Business Owner: _____

Address of Business Owner: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Company Name: _____

Company Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Fax #: _____

Name of operations manager: _____ E-mail: _____

Please attach documentation of the following:

- A list of employees including name, certification numbers and expiration dates.
- For abatement contractors, a copy of the current C-19 license from the Department of Commerce and Consumer Affairs (DCCA).
- The annual registration fee for abatement contractors is \$200.00. Please make checks payable to **STATE DEPARTMENT OF HEALTH.**

Please list all employees who perform asbestos work:

Employee's Name	State of Hawaii Certification #	Expiration date

Please attach additional sheets of paper if needed

Please sign and print 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 registration, including any attachments, is true and accurate to the best of my belief and knowledge. I also attest and affirm that the firm will comply with all medical monitoring and respiratory protection requirements, maintain certification(s) of workers 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 workers have received certification.

 Applicant's Signature

 Date Signed

 Applicant's Printed Name and Title

09/16