

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369**

**Indoor Environmental Consultant License Application
EMPLOYEE QUALIFICATIONS:
ASBESTOS INSPECTORS**

Directions for Completion:

(1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)	Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision	
You must check one of the following:		
<input type="checkbox"/> The above-named applicant does not currently employ individuals who have currently valid asbestos inspector certifications, but will sub-contract asbestos inspection work to individuals who hold that certification.	<input type="checkbox"/> The above-named applicant does not currently employ individuals who have currently valid asbestos inspector certifications, but will sub-contract asbestos inspection work to individuals who hold that certification. Those individuals are listed below. A notarized copy of each currently valid certification must be included for each individual listed.	<input type="checkbox"/> The above-named applicant currently employs individuals who have currently valid asbestos inspector certifications as indicated below. A notarized copy of each currently valid certification must be included for each individual listed.

Asbestos Inspector Information							State Certification Program Information			
Name of Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	Certification/ License		*** No. of Years of Relevant Experience	Certification Issued By		Contact Telephone Number
	New	Existing	Inactive *		Number **	Expiration Date		State ****	State Dept.	

