

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

Telephone: 609-826-4950 Fax: 609-826-4975

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR RECIPROCAL ASBESTOS ACCREDITATION**

Following are the instructions for workers and supervisors seeking a reciprocal permit in New Jersey.

All individuals seeking reciprocity for a New Jersey worker or supervisor permit must first apply to the New Jersey Department of Health (NJDOH) to have their training and permit status in another USEPA authorized state verified and approved. As part of that approval, all applicants must complete an ***Application for Reciprocal Asbestos Accreditation*** and submit it, with all required documentation, to the NJDOH for review. The ***Application for Reciprocal Asbestos Accreditation*** must be submitted to the following address:

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

Initial Applicants:

Upon approval of the application, the NJDOH will send you the necessary paperwork to schedule yourself for the New Jersey state asbestos examination. Once you successfully pass the examination, you may apply to the New Jersey Department of Labor and Workforce Development (NJDOLWD) for your asbestos permit.

Applicants Renewing Their NJ Permit:

A letter will be sent to the applicant indicating approval or denial.

To obtain a New Jersey Asbestos Worker or Supervisor permit application, you may contact the NJDOLWD at the following:

**New Jersey Department of Labor and Workforce Development
Asbestos Control and Licensing
1 John Fitch Plaza, 3rd Floor
PO Box 949
Trenton, NJ 08625-0949
Telephone: 609-633-2158**

IMPORTANT: Applicants submitting certifications which indicate **New York State**-approved training:

We do not accept training agency-created certificates for any applicants who submit NYS training. The only proof of training that we will accept is the **NYSDOH DOH2832** form.

Additionally, we will also not accept training certificates that indicate NJ approval (of the course) if the course was not registered with our office (check with your training provider to confirm NJDOH approval).

New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Assessment Program
 PO Box 369
 Trenton, NJ 08625-0369
 Telephone: 609-826-4950 Fax: 609-826-4975

**APPLICATION FOR RECIPROCAL
 ASBESTOS ACCREDITATION**

INSTRUCTIONS: Type or print legibly in ink. Please complete the following information and attach all necessary documentation. Send completed application to the above address. You will be contacted when your application has been reviewed.

Application Type <input type="checkbox"/> Initial NJ Permit <input type="checkbox"/> Renewal NJ Permit (MUST attach copy) If Renewal, NJ Permit No. _____ Exp. Date: _____	Discipline <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Asbestos Supervisor
---	--

Last Name	First Name	MI	Social Security Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
Street Address			Home Telephone Number										
City	State	Zip Code	Work Telephone Number										
Date of Birth <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address				

Current Employer (Name, Address and Telephone Number)

Non-NJ Permit (license/certification) Information
 To be eligible for certification in New Jersey you must hold a currently valid certification in another state which has been authorized by the US Environmental Protection Agency to administer and enforce an asbestos training and certification program. List all states for which you hold currently valid certification(s) and include the following attachments as listed below:

Certification States	Permit Type	Permit Exp. Date	Permit Number	Initial Training Dates (Beginning and Ending)	Total Initial Hours	Refresher Training Date **	Total Refresher Hours

IMPORTANT: Applicants submitting certifications which indicate **New York State**-approved training:
 We do not accept training agency-created certificates for any applicants who submit NYS training. The only proof of training that we will accept is the **NYSDOH DOH2832** form.
 Additionally, we will also not accept training certificates that indicate NJ approval (of the course) if the course was not registered with our office (check with your training provider to confirm NJDOH approval).

**** Refresher training may not be more than one (1) year old.**

- | | |
|---|---|
| Applicant must include the following information with this application:
<u>Initial Applicants:</u>
1. A notarized copy of each initial training certificate as indicated above.
2. A notarized copy of each refresher training certificate (if applicable) as indicated above.
3. A clear, notarized copy of your currently valid asbestos permit as indicated above. (If information appears on back and front of permit, include copies of both sides.) | <u>Applicants Renewing NJ Permit:</u>
1. A notarized copy of each refresher training certificate (if applicable) as indicated above.
2. A clear, notarized copy of your currently valid asbestos permit as indicated above. (If information appears on back and front of permit, include copies of both sides.) |
|---|---|

CERTIFICATION

The information contained in this "Application for Reciprocal Asbestos Accreditation" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.
 I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification to conduct asbestos activities in New Jersey.

Signature of Applicant:*	Date
---------------------------------	------