

New Jersey State Department of Health & Senior Services
 Consumer & Environmental Health Services
 P. O. Box 372, Trenton, NJ 08625-0372
 (609) 631-6749

For NJDHSS Use Only	
Transmittal No.: AT- _____	Date Rec'd: ____/____/____
Amt. Rec'd: \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> MO No.: _____
Logger Initials: _____	

Asbestos Training Agency Certification - Renewal Application

Renewal applications must be submitted at least 30 calendar days prior to the expiration date of the discipline you wish to renew. Please type or print legibly in ink. Only one per application. Initial course and corresponding refresher course may be submitted on a single application. If you have any questions call the NJDHSS at the above number. Once you have completed this application, send it to the above address.

I. APPLICATION FEE AND COURSE TYPE

Course Fee: A non-refundable application fee for annual certification in the amount of **\$500.00** per discipline (note: initial and refresher courses are separate disciplines) must be forwarded with this application. The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health & Senior Services".

Type of Application: RENEWAL	Course Discipline To Renew (check no more than one initial and corresponding refresher):
	<input type="checkbox"/> Worker-Initial <input type="checkbox"/> Worker-Refresher <input type="checkbox"/> Supervisor-Initial <input type="checkbox"/> Supervisor-Refresher
	Course Discipline To NOT Renew (complete sections II., III. and V. and send to above address):
	<input type="checkbox"/> Worker-Initial <input type="checkbox"/> Worker-Refresher <input type="checkbox"/> Supervisor-Initial <input type="checkbox"/> Supervisor-Refresher

II. GENERAL APPLICANT INFORMATION

Agency Name			Agency Number	
Business Telephone ()	Fax Number ()	Federal Employer I.D. Number		
Mailing Address	City	State	Zip Code	
Is the <u>street</u> address of the agency different than above address? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, the following must be completed:</i>				
Street Address:	City	State	Zip Code	
Web Address (if applicable)				

III. PRIMARY CONTACT INFORMATION

Name	Position and/or Title with Company:			
Address	City	State	Zip Code	
Telephone ()	E-mail Address (if applicable)			

IV. APPLICANT RE-CERTIFICATION INFORMATION

Is all of the information contained in the previous application still accurate? No Yes
(If you check "No" you must include any updated information or materials with this application.)

If applicable, has any outstanding penalties been paid? No Yes
(If you check "No" you must pay all penalties before your re-certification can be approved.)

V. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Asbestos Training Agency Certification Application" 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 as an asbestos training agency in New Jersey. I certify that this agency can operate in compliance with N.J.A.C. 8:60.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name (Print):	Title
Signature	Date