



# Application for Accreditation for Asbestos Supervisor / Worker Training Provider

For DEQ Use Only	
Date Received	_____
Amount Received	_____
Check Number	_____
Application Number	_____
New	_____ Renewal _____
Modification	_____

## 1. Type of Training: (Check one)

Supervisor for Full-Scale Asbestos Abatement:

	<b>Fee</b>
Initial_____	\$ 320.00
Refresher_____	\$ 320.00

Worker for Full-Scale Asbestos Abatement:

Initial_____	\$ 320.00
Refresher_____	\$ 320.00

Make check for accreditation fee payable to: Department of Environmental Quality (DEQ) and mail along with the completed application to the DEQ Attn: Business Office, 700 NE Multnomah St., Suite #600, Portland, Oregon 97232. Contact DEQ at 503-229-5982 for additional requirements, if the course will not be offered within the State of Oregon. You *must* use a separate form for each application.

If this is a renewal, what is your requested renewal date? \_\_\_\_\_

## 2. Official Application Information

**Firm Name:** This name will appear on the accreditation and must be the Legal Oregon corporate name (i.e., Acme Products) or the Legal representative of the company if the company operates under an assumed business name (i.e., John Smith dba Acme Products).

Mailing Address	City	State	Zip

Contact Person	Telephone

*Complete both sides of this form and submit with all other materials and information required by Oregon Administrative Rules (OARs) 340 Division 248, in the order listed in OAR 340-248-0140(2).*

I hereby apply for permission to provide asbestos abatement supervisor / worker training and issue supervisor / worker certifications for the State of Oregon as stated or described in this application, and certify that the information contained in this application and exhibits appended hereto are true and correct to the best of my knowledge and belief.

Name of owner or legally authorized representative	Title

Signature	Date

