



OREGON ASBESTOS ABATEMENT CONTRACTOR LICENSE APPLICATION

Date Received _____
Amount Received _____
Check Number _____

IS THIS APPLICATION:

NEW _____ RENEWAL _____ MODIFICATION _____

IMPORTANT: A complete renewal application must be submitted no later than 60 days before the license expiration date (OAR 340-248-0120(7)(c)). Failure to do so could result in a delay in the application review process and issuance of the license.
Send the fee and a completed application form to: DEQ BUSINESS OFFICE, 811 SW SIXTH AVENUE, PORTLAND, OREGON 97204.

1. OFFICIAL APPLICATION AND FEE

CONTRACTOR NAME:

(NOTE: This name will appear on your license 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, d.b.a. ACME Products.)

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____ City _____ State _____ Zip _____

Contact Person _____ Telephone _____
Fax _____
Email _____

THE FEE FOR A DEQ ASBESTOS LICENSE IS - \$1,000.00

2. SUPERVISOR CERTIFICATION

List the Name(s), Certification Number(s), and Social Security Number(s) of ALL Oregon certified supervisors for asbestos abatement employed by the applicant (attach additional sheets if necessary):

3. WORKERS COMPENSATION COVERAGE - CHOOSE THE OPTION THAT APPLIES

_____ The applicant employs one or more persons and makes contributions toward workers compensation coverage.

_____ The applicant is an independent contractor not subject to workers compensation coverage.

4. IS THE APPLICANT REGISTERED WITH THE OREGON CONSTRUCTION CONTRACTORS BOARD (CCB) IN SALEM, OREGON?

YES _____ NO _____

If "Yes", enter CCB registration number here: _____

If "No", register with the CCB by calling (503) 378-4621, and then enter your registration number on the line above.

5. IS THE APPLICANT REGISTERED WITH THE OREGON BUSINESS REGISTRY SECTION OF THE CORPORATION DIVISION (CD) IN SALEM, OREGON?

YES _____ NO _____

If "Yes", enter CD registration number here: _____

If "No", register with the CD by calling (503) 986-2200, and then enter your registration number on the line above.

(OVER)

6. LIST BELOW OR ON AN ATTACHED SHEET OF PAPER ALL ASBESTOS-RELATED CERTIFICATES AND LICENSES ISSUED TO THE APPLICANT DURING THE ONE YEAR PERIOD IMMEDIATELY PRECEDING THIS APPLICATION SUBMITTAL:

Agency	License/Certification Number	Type of Certification or License
_____	_____	_____
_____	_____	_____

7. LIST BELOW OR ON AN ATTACHED SHEET OF PAPER ANY ASBESTOS-RELATED ENFORCEMENT ACTIONS THAT YOU HAVE RECEIVED, INCLUDING CERTIFICATES OR LICENSES SUSPENDED OR REVOKED DURING THE ONE YEAR PERIOD IMMEDIATELY PRECEDING THIS APPLICATION SUBMITTAL:

Agency	Date of Action	Description of Action
_____	_____	_____
_____	_____	_____

8. LIST BELOW OR ON AN ATTACHED SHEET OF PAPER ALL NOTIFIED, FRIABLE AND NONFRIABLE, ASBESTOS ABATEMENT PROJECTS CONDUCTED BY THE APPLICANT DURING THE LAST LICENSE YEAR. (*list all information according to the headings below*):

Start Date	Name & address as it appears on the original notification	Size - LF or SF	Type Nonfriable or Friable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby apply for a license as an Asbestos Abatement Contractor in the State of Oregon as stated or described in this application and certify that the information contained in this application is true and correct to the best of my knowledge and belief. I further certify that I have read and understand the following rules and regulations and agree to comply with these rules and regulation: Oregon Administrative Rule (OAR) 340-248-0010 through 340-248-0290; OAR 437 Division 3, Construction pertaining to asbestos; and 40 Code of Federal Regulations Part 763 Subpart E.

Name of owner or legally authorized representative

Title

Signature

Date