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# OREGON ASBESTOS ABATEMENT CONTRACTOR LICENSE APPLICATION

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 FINANCIAL SERVICES OFFICE, 700 NE Multnomah Street, Suite 600, Portland, OR 97232

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), and Certification Number(s) of ALL Oregon certified supervisors for asbestos abatement employed by the applicant (attach additional sheets if necessary). Please provide copies of latest supervisor card for each supervisor.


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.

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

License application/renewal form

Last updated 7/2/2018