



State of Oregon
Department of
Environmental
Quality

ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

FOR DEQ USE ONLY	
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
DEQ Signature: _____	
Date: _____	
DID: _____	

This form must be complete, legible and given to the training provider along with the appropriate fee BEFORE you can attend any certification class. Prior approval from DEQ may be required (see page 4).

Certified Asbestos Worker Card Fee - \$45

Certified Asbestos Supervisor Card Fee - \$65

Section 1 **APPLICANT INFORMATION**

(Write the information above the line)

Social Security Number*	Last Name	First Name	MI
Address	City	State	Zip
Mailing address (if different)	City	State	Zip
Telephone Number	Birth Date	Drivers License Number	State
Current Employer	Phone Number		

List the Training Class Name and Date you plan to attend, if approved by DEQ

Section 2 **TYPE OF ASBESTOS CERTIFICATION COURSE** (Check only one)

A. _____ CERTIFIED ASBESTOS SUPERVISOR - *Complete Sections 3 and Section 5 of the application*

B. _____ CERTIFIED ASBESTOS WORKER – *Complete all of Section 5 Only of the application*

WORKERS AND SUPERVISORS WITH CERTIFICATION FROM OTHER STATES

C. _____ CERTIFIED ASBESTOS SUPERVISOR with prior training by an EPA Accredited Trainer – *Complete Section 3, Sections 4 and Section 5 of the application*

D. _____ CERTIFIED ASBESTOS WORKER with prior training by an EPA Accredited Trainer - *Complete all of Sections 4 and 5 of the application*

Section 3 PRIOR ASBESTOS ABATEMENT EXPERIENCE If you are applying for asbestos supervisor certification, you must provide the minimum documentation in this section. Provide information on **ONE YEAR** of experience performing full-scale friable asbestos abatement, including time on a **powered air-purifying respirator (PAPR)**, and experience on at least **TEN** separate friable asbestos abatement projects.

I have been a Certified Asbestos Worker or Supervisor since, Date: _____ State: _____

Certification Card Number: _____ Expiration Date: _____

LIST INFORMATION ON AT LEAST **TEN** SEPARATE FRIABLE ASBESTOS ABATMENT PROJECTS

1)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

2)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

3)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

4)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

5)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

6)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

7)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

8)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

9)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

10)

EMPLOYER NAME & PHONE#	PROJECT SUPERVISOR	JOB SITE ADDRESS	START&END DATES	RESPIRATOR USED
DESCRIBE THE WORK YOU DID <hr/> <hr/> <hr/> <hr/> <hr/>				

ATTACH ADDITIONAL SHEETS IF NECESSARY

Section 4 CERTIFICATION OF PRIOR TRAINING IN ANOTHER STATE

You must provide a copy of certification or State issued card and all of the following information for DEQ review and approval:

State of Certification _____ Certification Number (*attach a copy of your certification with this application*) _____

Class Title (Worker, Supervisor, etc.) _____ Certification Expiration Date _____

Name of the EPA Certified Training Provider and the Date of the Course _____

Section 5 CERTIFICATION OF THE ACCURACY OF THE INFORMATION ON THIS APPLICATION

BY SIGNING THIS FORM, I CERTIFY THAT ALL ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE UNTRUTHFUL OR MISLEADING ANSWERS, THE APPLICATION MAY BE REJECTED.

Signature: _____ Date: _____

Application Information

ALL APPLICATIONS AND FEES MUST BE SUBMITTED TO THE TRAINING PROVIDER

1. **INITIAL TRAINING FOR ASBESTOS WORKER CERTIFICATION DOES NOT REQUIRE PRIOR DEQ APPROVAL.** Applicants for the initial training for the Asbestos Worker class must provide the complete and signed application along with the appropriate fee to the training provider.
2. **APPLICATIONS THAT REQUIRE DEQ APPROVAL:**
 - a. All applications for Asbestos Supervisor certification; or
 - b. When applying for either an Asbestos Supervisor or Asbestos Worker certification with prior EPA equivalent certification from another State and applying under the provisions in OAR 340-248-0160.

Prior to taking the training class, submit the complete and signed application along with the appropriate fee to the training provider. **The training provider will submit the application to DEQ for approval.**

Training Providers Only: Submit a copy of the application to:

DEQ Northwest Region Office
Asbestos Certification Coordinator
700 NE Multnomah Street, Suite 600
Portland, OR 97232-4100

Or email the application to deqnwrasbestos@deq.state.or.us

3. **SOCIAL SECURITY NUMBER***
OAR 340-248-0110(9) authorizes DEQ to ask you to provide your social security number voluntarily to this agency for use as an I.D. number in maintaining records. You are not required to provide your social security number for this use and failure to provide it is not a basis for denying you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the public.