



User Guide for Asbestos Program Training Information

How to submit:

Training Provider Accreditation Applications

Certified Supervisor/Worker Certification Applications

Training Course Completion Notices

ID Card Purchase Requests

August 10, 2021

Oregon Department of Environmental Quality
Air Quality – Asbestos Program
Lloyd 700 Building, 700 NE Multnomah Street, Suite 600
Portland OR 97232

Contact: Asbestos Program Staff
DEQNWRasbestos@deq.state.or.us

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DEQ can provide documents in an alternate format or in a language other than English upon request. Call DEQ at 800-452-4011 or email deqinfo@deq.state.or.us.

1. Introduction

The Oregon Department of Environmental Quality Asbestos Program ([OAR 340, Division 248](#)) includes the accreditation requirements for trainers to provide asbestos abatement worker and supervisor training to individuals who wish to obtain an Oregon certification. Prior to providing asbestos abatement training in Oregon, training providers must apply to DEQ to become accredited. Asbestos is a known carcinogen and there is no known safe level of exposure. DEQ regulations require that providers giving asbestos abatement training are knowledgeable in Oregon's asbestos rules and statutes to protect the health of abatement workers and the public during asbestos abatement projects.

Oregon requires individuals who perform asbestos abatement projects to be properly trained and obtain certification prior to removing asbestos-containing materials (ACM). Individuals who wish to attend a certification training course must complete an application. Applications to attend an asbestos worker or supervisor course will be submitted through the accredited training provider. Trainers review the applications for completeness and to verify applicants meet required qualifications before submitting the application to DEQ for review and approval. The accredited training provider issues the Oregon asbestos abatement ID cards to approved applicants who successfully complete the certification course. Trainers are required to submit certification class information to DEQ, after each training class or as DEQ directs.

To obtain blank certification ID cards from DEQ to issue to certified workers or certified supervisors upon successful course completion, the trainer must submit a purchase request via Your DEQ Online. Once the request is submitted, DEQ will process the request and issue the blank ID cards to the trainer outside of YDO.

DEQ's Asbestos Program uses Your DEQ Online to receive and process the following submittals:

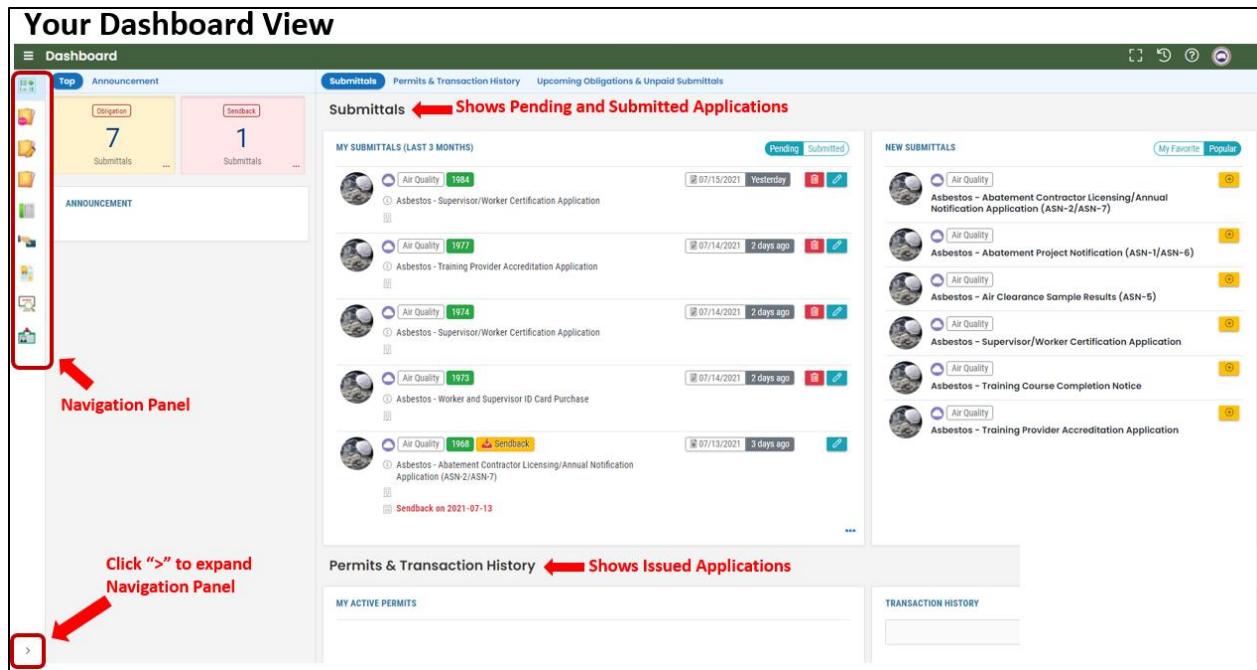
1. Training Provider Accreditation Applications
2. Asbestos Abatement Worker and Supervisor Certification Applications
3. Worker and Supervisor ID Card Purchase Requests
4. Training Course Completion Notices


I. Navigating the System

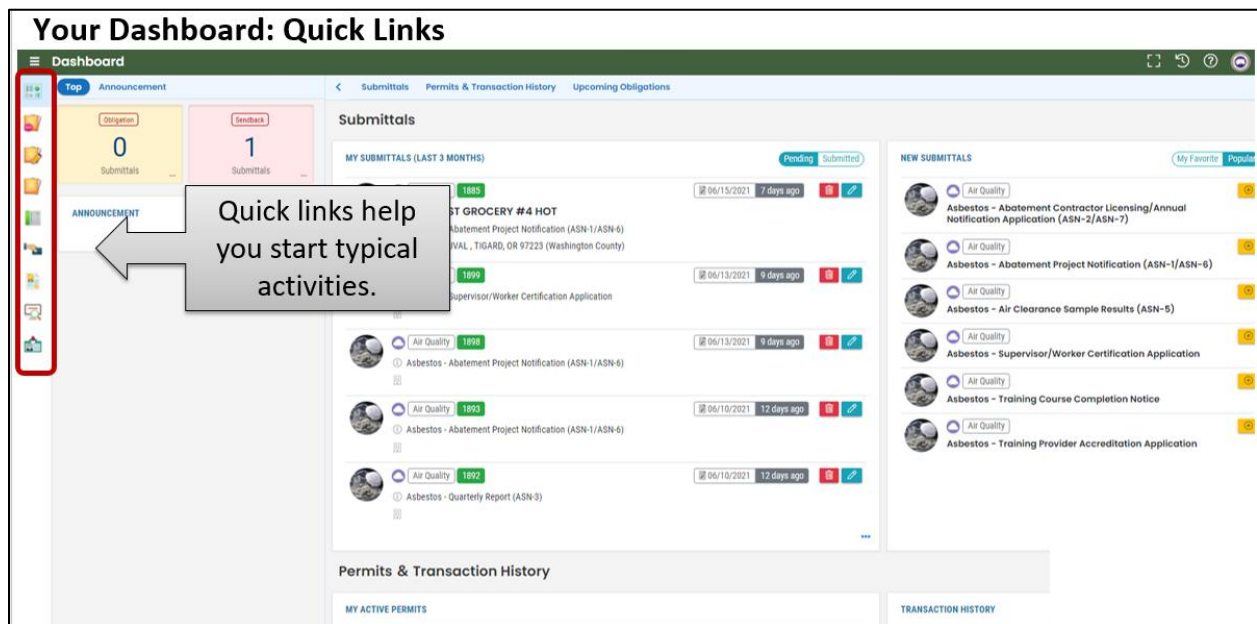
The system is designed to work with Safari or Google Chrome browsers. DEQ recommends using one of these when navigating the system to avoid unexpected errors. Internet Explorer is not a recommended browser.

Dashboard

The dashboard is your initial landing pad when logging into Your DEQ Online. It shows a summary of your current and pending submittals.



The navigation panel on the left side of the screen is the primary way to navigate through various features in the system. The navigation panel can be expanded by clicking on the  button at the bottom left side of the screen.



[illegible]

Dashboard: This is your landing pad when you enter the system. It shows a summary of current and pending activity for your account.

Resume Edits: Allows you to resume editing any submittals that have been started, but not yet submitted to DEQ.

Track Submittal Status: Shows the status of all complete submittals and allows you to review the submitted report, view the submittal receipt, and track your submittal status.

Upcoming Obligations: Displays any upcoming obligations for which a submittal can be started.

Pay Invoices/Fees: Allows for online payment of invoices or fees to DEQ.

Permits/Certificates: Allows you to search for and view all DEQ issued permits, licenses and certificates. Please note: “license” in this context means “accreditation.”

Public Records: Allows you to search for and view all published submittal records.

My Account: Allows you to change your contact information, account type, facility linkage, and other account options.

Icons

You will see the following common icons as you navigate the system and submit your applications and requests.



Loading: This icon will appear while the system processes an action.



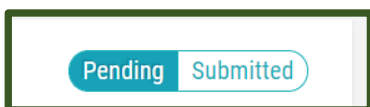
Save: Click this icon to save changes made on a page.



Edit: Click this icon to edit the selected submission.



View: Click this icon to view a selected submission.



Submittal Selection: Click this button to toggle between pending and submitted obligations on their dashboard.



Requirement: This note will appear when a particular field in a submittal is required.



Add: Click this button to add multiple sets of data.



Expand: Click this button to expand.



Delete: Click this button to delete the information.

2. Establishing an Account

1. Account Registration

Resources are available to assist in Public Account Registration online at yourdeqonlinehelp.oregon.gov. If you are the Responsible Official for a company, and will be applying to DEQ for a training provider accreditation, select a Responsible Official account. When establishing links to Submittal Groups, select the "Asbestos" group.

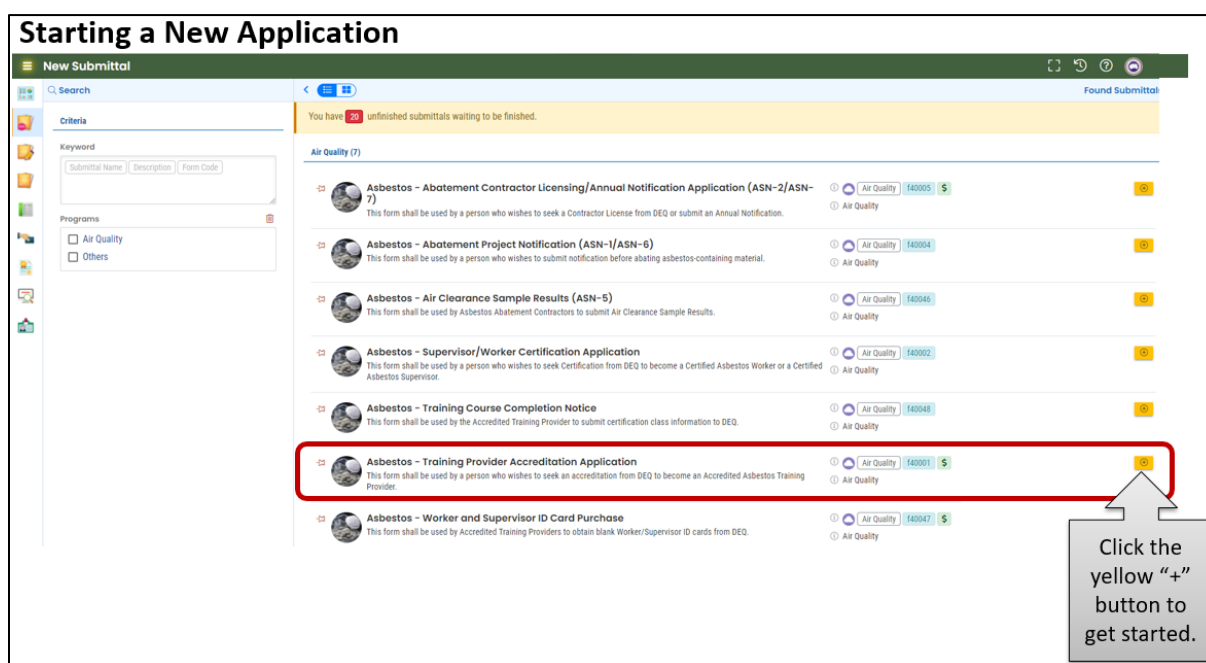
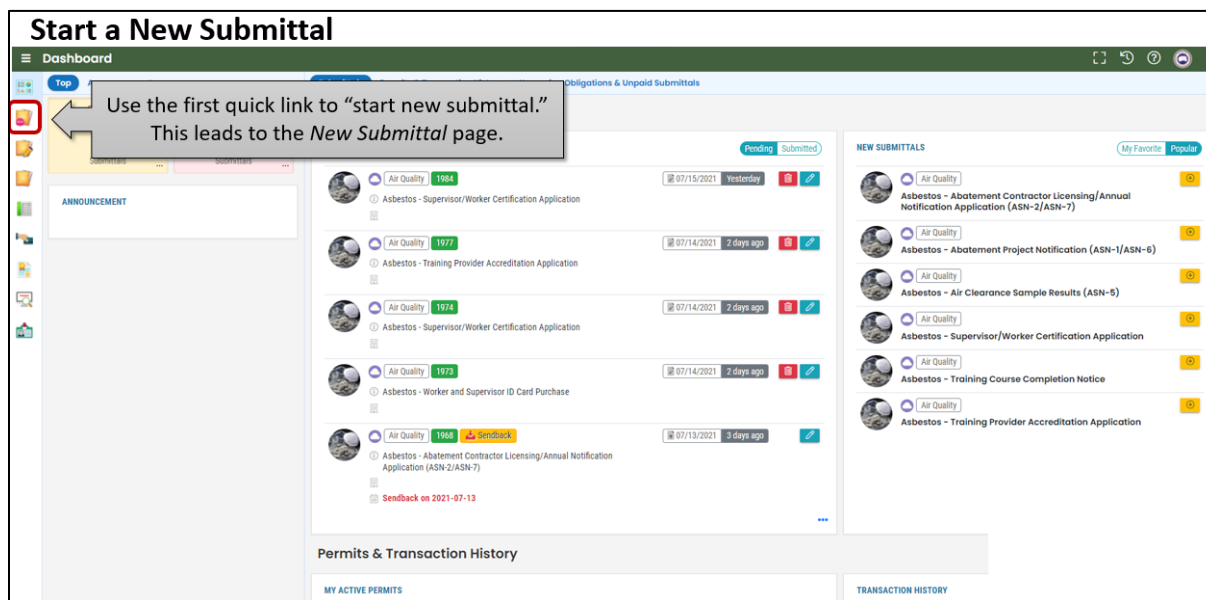
Pursuant to [OAR 340, Division 248](#), each training provider must be accredited by DEQ. Applications and requests by a regulated entity under the Asbestos Program must be certified by a designated

representative. The Responsible Official account in Your DEQ Online corresponds to the designated representative required under this rule.

3. Training Provider Accreditation Submittal

1. Starting Training Provider Accreditation Application

The Responsible Official or delegated Consultant/Preparer may initiate a submittal for an Oregon Asbestos Training Provider Accreditation Application. An application for accreditation is required for each course. From your account dashboard, use quick links to move through the system. From there, follow the steps illustrated below to apply for the accreditation.



Application Tabs

1. Basic Info

2. Attachment (*not required for application*)

3. Payment

4. Review

5. Submission

Basic Info Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

← 1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Type of Training

☐ Supervisor ☒ Worker

Worker for Full-Scale Asbestos Abatement

Refresher (Spanish)

If this is renewal, what is your requested renewal date?

N/A

Official Application Information

Firm Name:

Country

☒ United States ☐ Canada

Address Line 1

Address Line 2

City State Zip Code

Substitution First Name M.I. Last Name

Company Title Email

Phone Mobile Fax

Save icon

The system will assign a Submittal ID number to your application. This number will be used for tracking the application's status and to look up the application if you are unable to fully complete it during the process.

Basic Info Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1918 (Open)

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Once Basic Info is complete and is saved, a submittal ID # will be generated by the system.

Type of Training

☐ Supervisor ☒ Worker

Worker for Full-Scale Asbestos Abatement

Refresher (Spanish)

If this is renewal, what is your requested renewal date?

N/A

Official Application Information

Firm Name: Master Class Training

Country: ☒ United States ☐ Canada

Address Line 1: 1234 Address Blvd

Address Line 2:

City: Portland State: OR (Oregon) Zip Code: 97232

Salutation: First Name: Carol M.I.: Last Name: Danvers

Company: Master Class Training Title: Training Director Email:

Phone: Mobile: Fax:

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-248-0140 (Licensing and Certification Requirements: Training Provider Accreditation)

All Attachment Requirements

No attachment required for current submittal.

II. Attachments

There are no required attachments for this application. An applicant may use the “Attachment” tab to submit course materials and other application documents required by OAR 340-248-0140(2). The training course materials for review may also be submitted outside of Your DEQ Online as electronic files (via USB drive, email to deqnwrasbestos@deq.state.or.us or cloud-based platform) or a printed copy to DEQ’s Portland office. Otherwise, the applicant may skip the Attachment tab and proceed to Payment.

Attachment Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1918 (Open)

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

When uploading, first click the file record and select a file type option for the uploaded file. If you want to mail the documents to the authorized agency, please navigate to the Review tab and use the “Mail To” checkbox.

Click to Upload or Drag Files Over Here

You may use the Attachment tab to upload course materials for review.

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-248-0140 (Licensing and Certification Requirements: Training Provider Accreditation)

All Attachment Requirements

No attachment required for current submittal.

III. Making a Payment

Proceed to the “Payment” tab and click the blue “Pay Amount Due” box.

The screenshot shows the 'Payment Tab' for an 'APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER'. The interface includes a progress bar with steps: 1 Basic Info, 2 Attachment, 3 Payment (active), 4 Review, and 5 Submission. A pink banner at the top says 'Please complete the payment process.' Below this, a summary shows a fee of \$320.00, a paid amount of \$0.00, and a due amount of \$320.00. A blue button labeled 'Pay Amount Due' is highlighted with a red box and an arrow pointing to it from a text box that says 'Click the “Pay Amount Due” button to initiate the payment process.' The 'Fee' section lists an 'Application Fee' of \$320.00. The 'Payment Transactions' section shows 'No transaction record found.' On the right, the 'Submittal Information' section shows 'Asbestos - Training Provider Accreditation Application' with details like 'Air Quality: Asbestos' and 'FA0001: New'. It also includes a note about the form's purpose and a link to 'All Attachment Requirements'.

The options for payment are currently electronic fund transfer through ACH e-Payment or by check.

1. ACH e-Payment: Make an electronic fund transfer.
2. Check by Mail: Print submittal receipt and mail along with paper check to the US Bank lockbox address as indicated.

Option 1: Payment by ACH e-Payment

1. Select ACH e-Payment.
2. Launch e-Pay.
3. After submitting bank payment information, return to this page and click “save”.

The screenshot shows the 'Payment Tab: ACH e-Payment Option' for the same application. The progress bar is the same. A pink banner says 'Please complete the payment process.' Below this, the same fee summary is shown. A red circle with the number '1' points to the 'ACH' radio button, which is selected. A text box explains: 'Automated Clearing House (ACH) payment method: When clicking button on the right, you will be redirect to agency's payment portal to finish the payment. Once finished, you will be redirect back to the system to finish the task.' A red circle with the number '2' points to a red button labeled 'Redirect to E-Pay'. A large grey text box at the bottom right says: 'This launches the secure payment module where you enter bank routing number and account information to submit payment. After completion, this window reappears.' The 'Fee' section and 'Payment Transactions' section are the same as in the previous screenshot.

e-Pay steps in secure Financial Information Management System (FIMS):

State of Oregon
DEQ Department of Environmental Quality

Make a Payment

My Payment
DEQ GovOnline Pymts
Amount Due \$320.00

Payment Information
Frequency One Time
Payment Amount \$320.00
Payment Date Pay Now

Contact Information
First Name airASB
Last Name Testing
Company (Optional)
Address 1 250 Bowie Ave
Address 2 (Optional)
City Toronto
State Select
Zip Code (Optional)
Phone Number 5032295696
Email Address eain_kelton@enfotech.com
[Become a Registered User](#)

Payment Method
Bank Routing Number
Bank Account Number
Bank Account Type ☒ Checking ☐ Savings
☐ This is a business account

1 Review contact information for accuracy

2 Enter bank account information

3 Click "Continue"

State of Oregon
DEQ Department of Environmental Quality

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.


Payment Details
Description DEQ GOVONLINE
DEQ GovOnline Pymts
https://oregon-public-ut.govonlineasas.com/client/pub/login
Payment Amount \$320.00
Payment Date 07/01/2021

Payment Method
Bank Routing Number
Bank Name US BANK NA
Bank Account Number
Bank Account Type Checking
Bank Account Category Consumer
Confirmation Email eain_kelton@enfotech.com

Contact Information
First Name airASB
Last Name Testing
Address 1 250 Bowie Ave
City Toronto
State OR
Zip Code 97232
Phone Number 5032295696
Email Address eain_kelton@enfotech.com

4 Check box to accept terms

5 Click "Confirm"

 **State of Oregon**
Department of Environmental Quality

[Exit](#)

Confirmation

Please click the 'Return to Home Page' button to complete the payment process.
Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **DEQTST000001917**


Payment Details

Description	DEQ GOVONLINE DEQ GovOnline Pymts https://oregon-public-uat.govonlinesaas.com/client/pub/login
Payment Amount	\$320.00
Payment Date	07/01/2021
Status	SCHEDULED

6 Returns to the Application

Bank Routing Number	
Bank Name	US BANK NA
Bank Account Number	
Bank Account Type	Checking
Bank Account Category	Consumer
Confirmation Email	eain_kelton@enfotech.com

[Return to Home](#)

powered by 

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

Payment Tab: ACH e-Payment Option

← APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1928 Open

1 Basic Info 2 Attachment 3 **Payment** 4 Review 5 Submission

Fee: \$320.00 - \$320.00 = \$0.00

Fee

Application Fee	\$320.00
Permit Fee	

Payment Transactions

ePayment (ACH)	\$320.00
2021-06-30	
2021-07-01	
DEQTST000001917	

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

1 Air Quality 2 Asbestos

160001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-248-0140 (Licensing and Certification Requirements: Training Provider Accreditation) requires that: "100. A person may apply to become an Accredited Asbestos Training Provider."

All Attachment Requirements

No attachment required for current submittal.

3 Click "save" icon.

Option 2: Check by Mail

1. Select Check by Mail.
2. Check the confirmation box.
3. Click "save" icon.

Payment Tab: Check by Mail Option

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1920 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

You've requested to pay amount due by mailing a check.

Fee: \$ 320.00 - Paid: \$ 0.00 = Due: \$ 320.00

1 ☒ Check by Mail

Check by Mail payment method:

Please make the check payable to:

DEQ Financial Services – LBX3615
P.O. Box 3615
Portland OR 97208-3615

2 ☒ Check here to confirm Check by Mail payment method.

Pay Amount Due

Fee

Application Fee \$ 320.00

Permit Fee

Payment Transactions

No transaction record found.

3

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-240-0140 (Licensing and Certification Requirements: Training Provider Accreditation)

All Attachment Requirements

No attachment required for current submittal.

By following these three steps, you enable the system to produce a submittal receipt after your submittal is finalized. The submittal receipt contains instructions and a bank mailing address to use when mailing your payment by check.

IV. Reviewing the Submittal

The Review tab allows the applicant to download a PDF copy of their application to review the information prior to final submission. The Review tab will also indicate if there are any incomplete fields.

Review Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1920 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Review your submittal and any attachments. Save any changes you have made before returning to this page, and proceed to the Submission page.

Submittal Form(s) Summary

Please check if the following sections are completed. Click on the PDF hyperlink to open/save/print the PDF form.

✓ Basic Info

Payment

Fee: \$ 320.00 + Service: \$ 0.00

Mandatory Attachment

Attachments are not required for

Uploaded Attachment

Click to review application before submitting. If any changes are needed, navigate to the related tabs to make those changes. Always click "save".

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.


Oregon Administrative Rule 340-240-0140 (Licensing and Certification Requirements: Training Provider Accreditation)

All Attachment Requirements

No attachment required for current submittal.

Sample PDF file

Review Tab: Application PDF



Asbestos Trainer Accreditation

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

Department of Environmental Quality, State of Oregon

700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 503-229-5437

6/30/2021

DEQ USE ONLY

Submittal ID: 1920	Submitted Date:
--------------------	-----------------

Type of Training

☐ Supervisor ☒ Worker

Worker for Full-Scale Asbestos Abatement: [Initial \(Spanish\)](#)

If this is a renewal, what is your requested renewal date? [N/A](#)

Official Application Information

Firm Name: Master Class Training	State: OR	ZIP Code: 97232
Mailing Address: 1234 Address Blvd		
City: Portland		
Full Name: Carol Danvers		Salutation:
Company: Master Class Training	Title: Training Director	Email: master.kara@deq.state.or.us
Phone: 555-555-5555	Mobile:	Fax:

Training Provider Application (Continued)

List any other names(s) under which the course may be offered :

[none](#)

List any other asbestos abatement courses for which the applicant has received or applied for DEQ accreditation :

[Worker Refresher Spanish](#)

List any other agencies that have accredited or approved the core of this course :

[none](#)

List anticipated course-offering location :

[Portland, OR](#)

List any restrictions on course attendance in addition to those specified by DEQ :

[none](#)

< Page: 1 of 1 >

V. Resume Editing the Submittal

If you are unable to complete the application, you can return to it later. Follow these steps to locate the application and continue the process.

After logging into your account, the Dashboard screen will appear. Using the Quick Links, you can navigate to the “Resume Edits” area to view the Pending Submittals and locate your unfinished application. Alternatively, you may access the pending application using the “...” icon.

Your Dashboard: Quick Links – Resume Edits

The screenshot shows the dashboard with a sidebar on the left containing links like 'Dashboard', 'Start New Submittal', 'Resume Edits', 'Track Submittal Status', 'Upcoming Obligations', 'Pay Invoices/Fees', 'Permits/Certificates', 'Public Records', and 'My Account'. The main area displays 'Submittals' with a list of pending applications. Annotations include: a red box around the 'Resume Edits' link in the sidebar; a callout bubble pointing to the 'Resume Edits' link with the text 'Click on “Resume Edits” or “...” to see all pending submittals.'; and another callout bubble pointing to a pencil icon in the top right of a submittal card with the text 'Click on “pencil” if application appears on the dashboard.'

Pending Submittals – Resume Edits

The screenshot shows the 'Pending Submittals' page. On the left, there's a sidebar with 'Resume Edits' highlighted. The main area displays a grid of pending submittal cards. An annotation points to a pencil icon on one of the cards with the text 'Click the pencil icon to continue application.'

After completing all required fields and finishing the application, go to the Submission tab.

VI. Completing the Submittal

On the Submission tab, the Responsible Official is in charge of certifying the information contained within the application is true and correct. Answer your account security question and PIN number. These were part of the account registration process.

Submission Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1920 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

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.

☐ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: what is the name of your home town newspaper? *

☐ Show Question Answer

PIN: *

Check the acknowledgement box and answer your security question and PIN number.

Security Precautions

To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.

Disclaimer

The system, its agencies, officers, or employees protect your confidential information. However personally identifiable information privacy is a new and evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. The development company specifically disclaims any and all liabilities from damages which may result from accessing the website, or from reliance upon any such information.

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-248-0140 (Licensing and Certification Requirements: Training Provider Accreditation)

All Attachment Requirements

No attachment required for current submittal.

Next, click the activated "Submit" button.

Submission Tab

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

1920 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

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.

☒ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: what is the name of your home town newspaper? *

☐ Show Question Answer

PIN: *

Security Precautions

To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.

Disclaimer

The system, its agencies, officers, or employees protect your confidential information. However personally identifiable information privacy is a new and evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. The development company specifically disclaims any and all liabilities from damages which may result from accessing the website, or from reliance upon any such information.

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 New

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 340-248-0140 (Licensing and Certification Requirements: Training Provider Accreditation) requires that: "1. A person may apply to become an Oregon Accredited Asbestos Training Provider under the direction. On One training provider shall be responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time."

All Attachment Requirements

No attachment required for current submittal.

Submit

Completing the fields activates the "Submit" button.


Submission Confirmation

Submission Confirmation

← APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER


1920 Complete Submittal

Receipt

 **Submission Successful**

Confirmed!

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.

Please click  **Print** to print your receipt.

Submittal Summary


Submittal ID:	1920	Submitted Date:	2021-06-30
Submitted By:	airASB Testing 503-229-5696 eain_kelton@enfotech.com	Owner Information:	airASB Testing 503-229-5696 eain_kelton@enfotech.com

Submission Confirmation

← APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER


1920 Complete Submittal

Receipt

 **Submission Successful**

Click either this button or the lower "Print" button to open your Submittal Receipt. If mailing a check, you must use the bank address on this receipt.

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.

Please click  **Print** to print your receipt.

Submittal Summary

Submittal ID:	1920	Submitted Date:	2021-06-30
Submitted By:	airASB Testing 503-229-5696 eain_kelton@enfotech.com	Owner Information:	airASB Testing 503-229-5696 eain_kelton@enfotech.com

Form Detail

Submittal Name:	Asbestos - Training Provider Accreditation Application	Submitted Method:	Online Submission
-----------------	--	-------------------	-------------------

Payment Detail

Payment Date	Fee Amount	Paid Amount	Payment Method
2021-06-30	320	320	ePayment (ACH)
Total:	320	320	

Certification

Certification Statement: 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.

Certification Question: what is the name of your home town newspaper?



Certification Question Answer: *****

PIN Number: *****


Responsible Official: airASB Testing

Sender IP Address: 159.121.206.56

Attachment List

Submittal Receipt (Paid in Full): Application PDF



Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 Create Date: 6/30/2021

Submittal Receipt

Submittal ID: 1920

Application: Asbestos - Training Provider Accreditation Application

Submitted By: airASB Testing Email: eain_kelton@enfotech.com

Owner Information: airASB Testing Email: eain_kelton@enfotech.com

Submitted Date: 06/30/2021

Form Detail

Submittal Name: Asbestos - Training Provider Accreditation Application

Submission Method: Online

Payment Information (PAID IN FULL)

Processing Fee: \$320.00 Convenience Fee: (None) Total Amount Due: (None)

Payment Method: ePayment (ACH) Paid Amount: \$320.00 Date Paid: 6/30/2021 9:33:23 AM

Confirmation Number: DEQST000001917

Certification

Certification Statement: 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.

Certification Question: what is the name of your home town newspaper?


Certification Question Answer: *****

PIN Number: *****

IP Address: 159.121.206.56

Responsible Official: airASB Testing

Submittal Receipt (Balance Due): Application PDF



Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 Create Date: 6/30/2021

Submittal Receipt

Submittal ID: 1918

Application: Asbestos - Training Provider Accreditation Application

Submitted By: airASB Testing Email: eain_kelton@enfotech.com

Owner Information: airASB Testing Email: eain_kelton@enfotech.com

Submitted Date: 06/29/2021

Form Detail

Submittal Name: Asbestos - Training Provider Accreditation Application

Submission Method: Online Fee Program ID: 4 Fund Code: ASBTRAIN

Payment Information (BALANCE DUE)

Processing Fee: \$320.00 Convenience Fee: (None) Payment Method: Check Paid Amount: (None) Date Paid: (None)

Total Amount Due: \$320.00

To complete your submittal, send a copy of this Submittal Receipt and payment to:

DEQ Financial Services - LBX3615
P.O. Box 3615
Portland OR 97208-3615

Make check payable to: Department of Environmental Quality

Certification

Certification Statement: 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.

Certification Question: What is the first and last name of your oldest sibling?

Certification Question Answer: *****

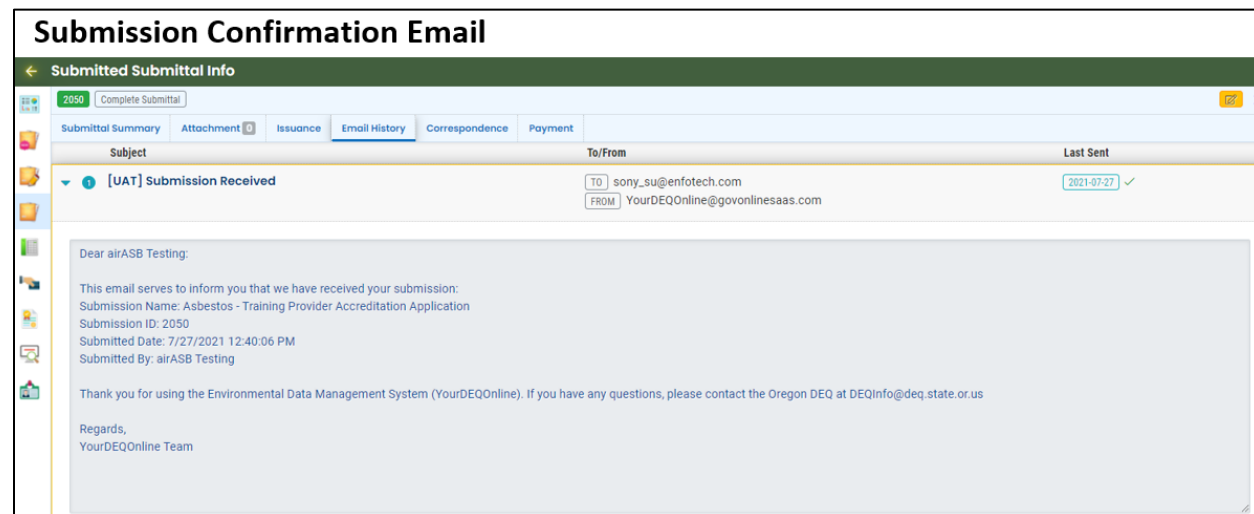
PIN Number: *****

IP Address: 159.121.206.56

Responsible Official: airASB Testing

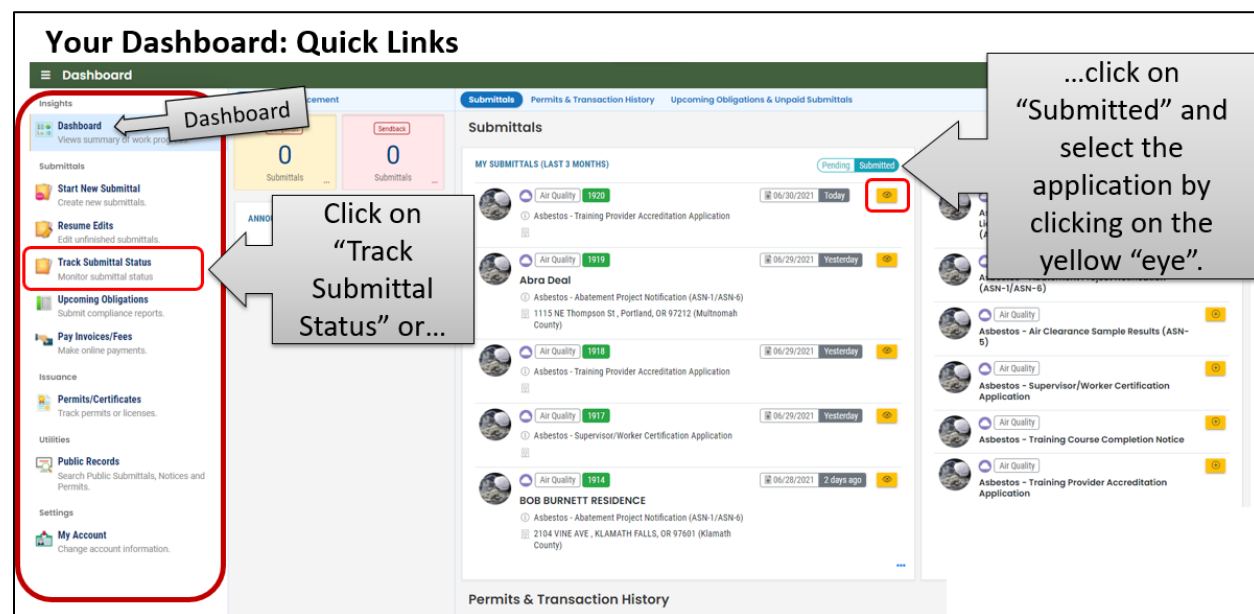
Mail check payment to
the bank address on
this receipt.

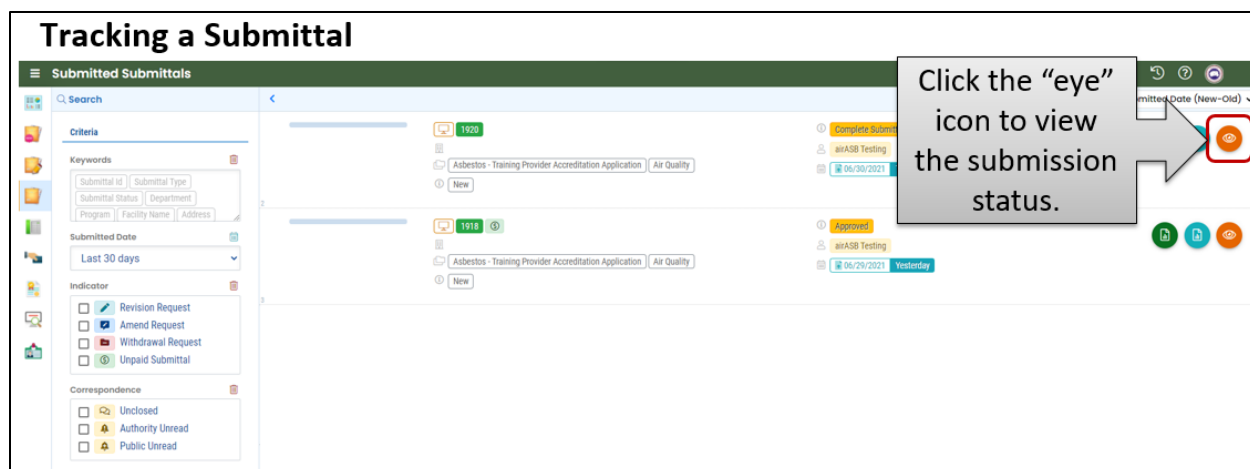
You will receive an automatic email confirming receipt of the submittal. You may review this from the Tracking Submittal Status section under the Email History tab.



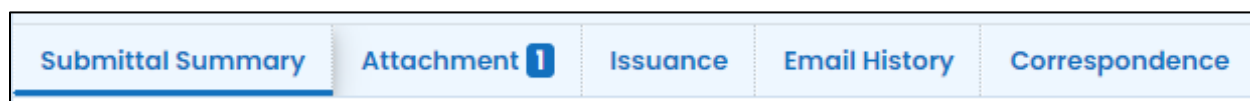
VII. Tracking Submittal Status

Once you have completed the submittal, open the Track Submittal Status page by using the navigation pane on the left side of the Dashboard screen. Next to the submittal, there will be an “eye” icon to view the status of the submission.



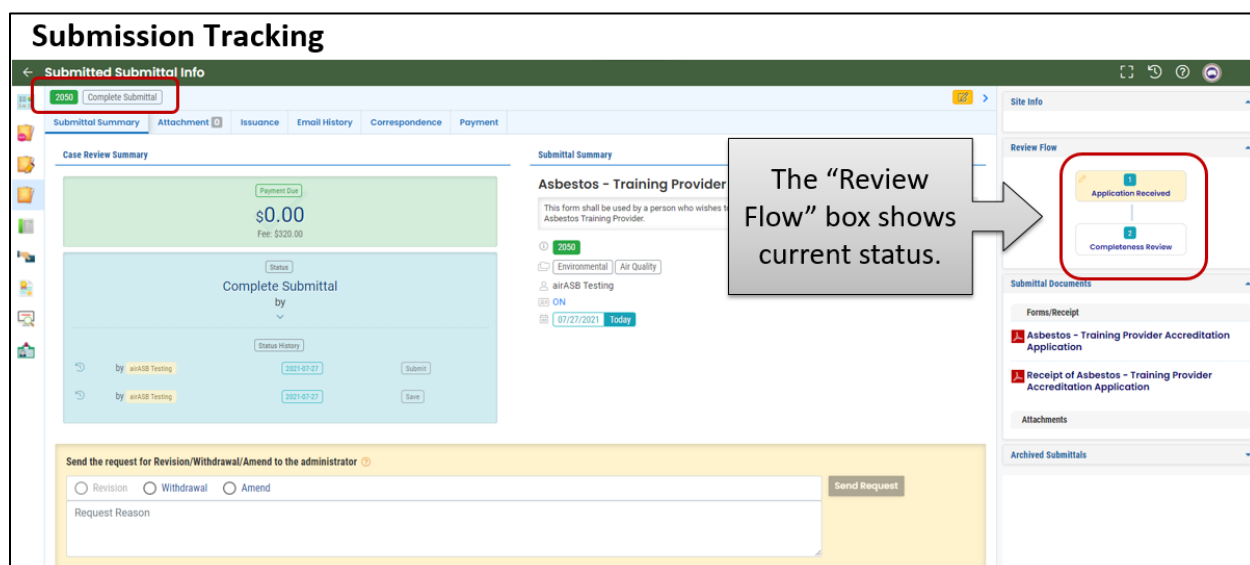


Submittal status includes multiple tabs (below). If you have uploaded any attachments as part of the application, they will be accessible via the Attachment tab. If DEQ approves the application, you can use the Issuance tab to view the Accreditation Approval Letter.



1. Submittal Summary

The Submittal Summary tab will display the status of your submission on the right side of the page under Review Flow. After successful submission, the status will change to the Application Received step. If the Review Flow step changes from beige to green, then Asbestos Staff have confirmed receipt of your application.



As the submittal progresses through the review process, it will be reflected in the review flow section, until the accreditation application is approved or denied.

Submission Tracking: Submittal Summary

The "Review Flow" box shows current status.

Submittal status will also change once the application has been approved by DEQ.

2. Issuance Tab

The Issuance tab displays the electronic version of DEQ-issued trainer accreditation letter and trainer ID numbers.

Submission Tracking: Issuance Tab

This is the Training Provider Accreditation number.

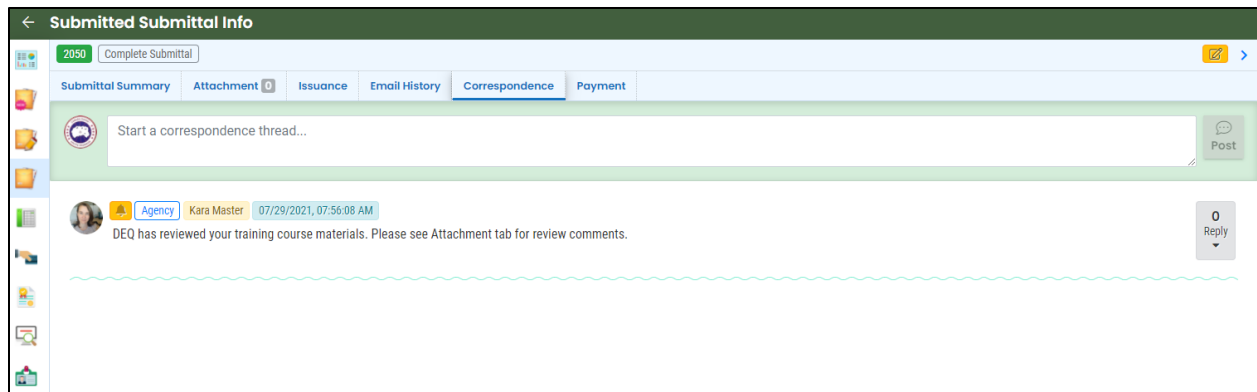
Click the icon to download the approved Accreditation Letter.

3. Email History Tab

The Email History tab will display email sent to you regarding this submission, for example, submission received, application send back or application approved.

4. Correspondence Tab

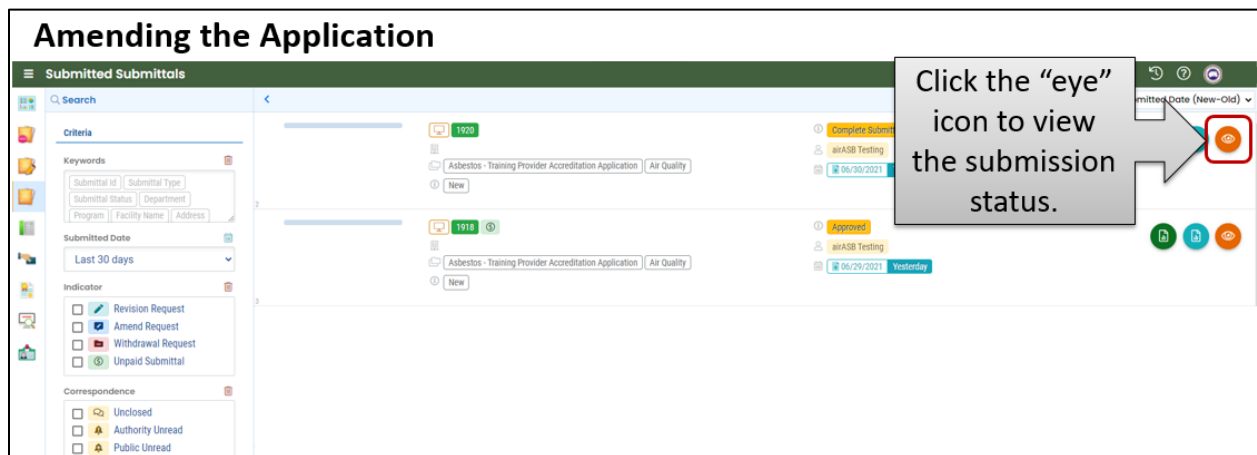
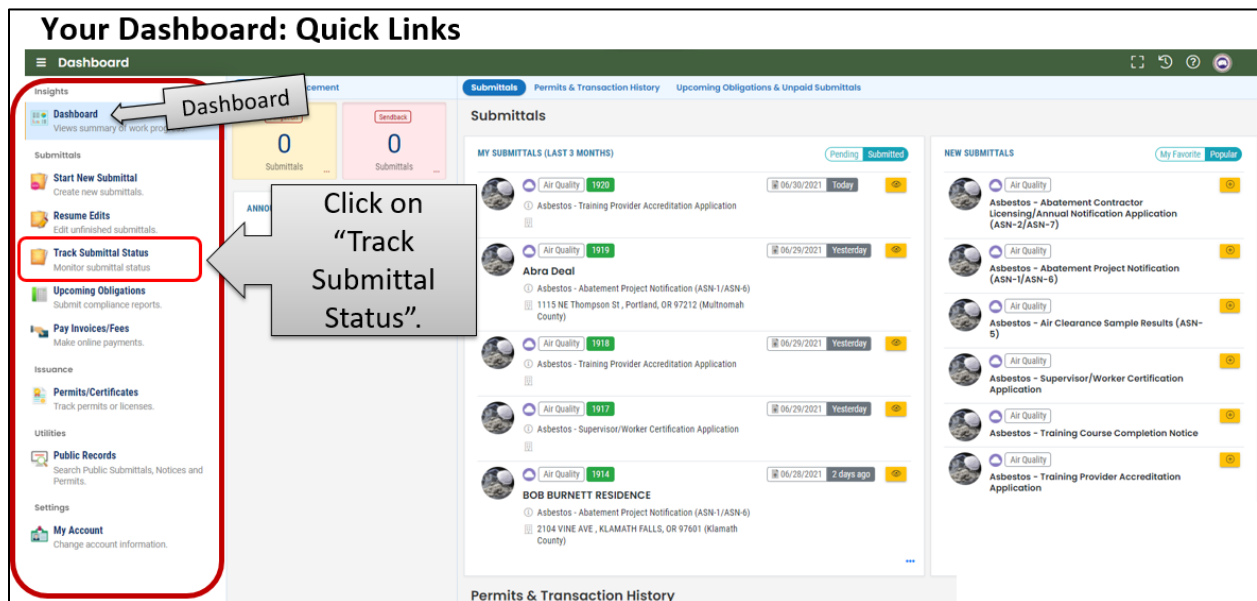
The Correspondence tab allows you to exchange messages with DEQ.



VIII. Making Corrections

Amending the Application

If you identify an error on the application, you can use your submittal ID number from the Track Submittal Status area to locate and revise the application.



Open the application to view the submittal detail. From the Submittal Summary tab, you will see a box titled “Send the request for Revision/Withdrawal/Amend to the administrator”.

Amending the Application

Submitted Submittal Info

2050 Approved

Submittal Summary Attachment Issuance Email History Correspondence Payment

Case Review Summary

Payment Due
\$0.00
Fee: \$320.00

Status
Approved
by Kara Master 2021-07-27

Status History

By	Date	Action
airASB Testing	2021-07-27	Submit
Kara Master	2021-07-27	Executive Decision - Send Back
airASB Testing	2021-07-27	Submit
airASB Testing	2021-07-27	Save

Asbestos - Training Provider Accreditation Application

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

2050

Environmental Air Quality

airASB Testing

ON

07/27/2021 Today

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☐ Amend

Request Reason

Send Request

1 Click “Amend”

Amending the Application

Submitted Submittal Info

2050 Approved

Submittal Summary Attachment Issuance Email History Correspondence

Case Review Summary

Payment Due
\$0.00
Fee: \$320.00

Status
Approved
by Kara Master 2021-07-27

Status History

By	Date	Action
airASB Testing	2021-07-27	Submit
Kara Master	2021-07-27	Executive Decision - Send Back
airASB Testing	2021-07-27	Submit
airASB Testing	2021-07-27	Save

Asbestos - Training Provider Accreditation Application

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

2050

Environmental Air Quality

airASB Testing

ON

07/27/2021 Today

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☒ Amend

Request Reason

Amend

2 The red “Amend” button will activate. Click this to unlock the submittal for editing.

3 Click yellow pencil to enter application to make changes and resubmit.

← APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

2050 Amendment

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Type of Training

☐ Supervisor ☒ Worker

Worker for Full-Scale Asbestos Abatement

Initial

If this is renewal, what is your requested renewal date?

N/A

Official Application Information

Firm Name: A-Town Asbestos Training

Country: ☒ United States ☐ Canada

Address Line 1: 111 Training Way Address Line 2:

City: Portland State: OR (Oregon) Zip Code: 97232

Salutation: First Name: Freddie M.I.: Last Name: Falcon

Company: A-Town Asbestos Training Title: Email: email@email.com

Phone: Mobile: Fax:

Update information and click "save" icon.

Save icon

This Amend action will unlock the application to make changes and resubmit to DEQ using the Submission tab.

Submittal Send Back

If DEQ identifies missing or incomplete information, you will be notified by email outside of the Your DEQ Online system that the application was returned. To edit the application, search for the "Sendback" icon on the submittal and click the pencil icon.

Dashboard: Application Send Back

Dashboard

10 Submittals

Click on "Resume Edits" or "... " to see all pending submittals.

NEW SUBMITTALS

- Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)
- Asbestos - Abatement Project Notification (ASN-1/ASN-6)
- Asbestos - Air Clearance Sample Results (ASN-5)
- Asbestos - Supervisor/Worker Certification Application
- Asbestos - Training Course Completion Notice
- Asbestos - Training Provider Accreditation Application

Dashboard: Application Send Back

Dashboard: Application Send Back

Submittals

Returned Application will appear under "Pending"

Or click the "pencil" to edit application if listed on dashboard.

Pending Submittals: Application Send Back

Pending Submittals: Application Send Back

Sendback icon.

Click the "pencil" to edit application.

Basic Info: Application Send Back

Basic Info: Application Send Back

Reason for send back.

Application fields are unlocked for editing. After revising application, click the "save" icon.

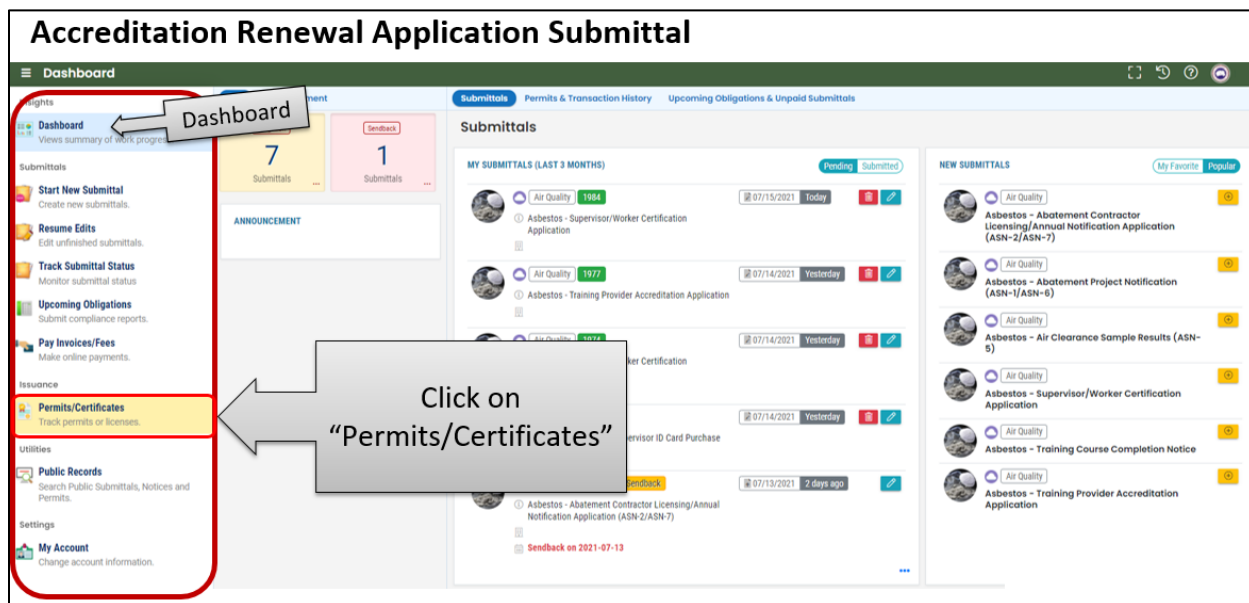
Save icon

Follow the remainder of the submittal steps to resubmit to DEQ with requested information.

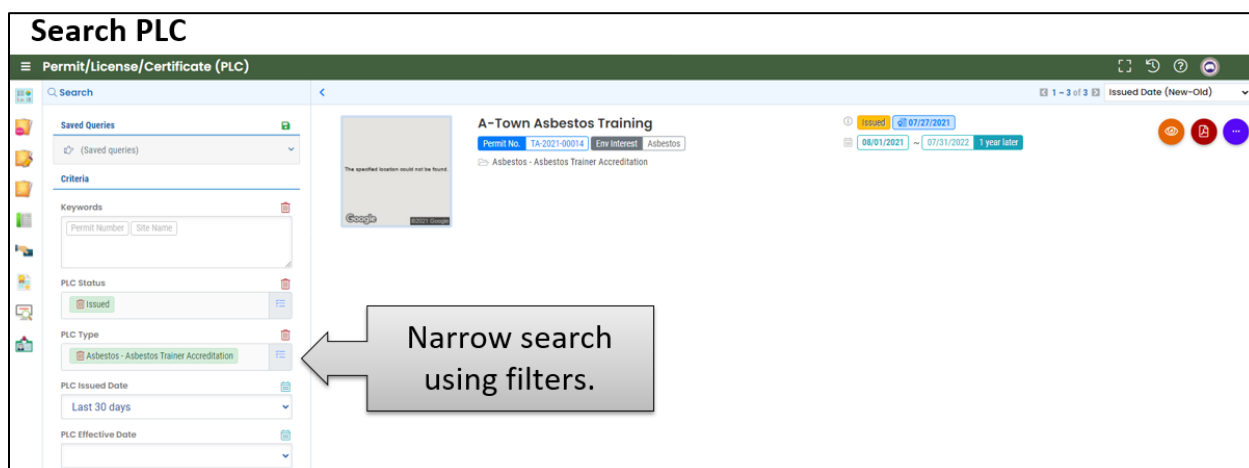
IX. Renewal Application Submittal

If you have previously submitted a training provider accreditation application using Your DEQ Online and it was approved by DEQ, you will also submit your renewal application using Your DEQ Online.

1. To begin the accreditation renewal application, navigate to your current accreditation in the system under Permits/Certificates.



2. Once in the Permits/Certificates section, use the search features on the left to filter by "Asbestos – Asbestos Trainer Accreditation" to find your current accreditation.



3. Click on the purple button to view more actions and click the pencil to open the renewal application.

Permit/License/Certificate (PLC)

Permit/License/Certificate (PLC)

Search

Saved Queries

Criteria

Keywords

PLC Status

PLC Type

PLC Issued Date

PLC Effective Date

A-Town Asbestos Training

Permit No. 1A-2021-00014 Env Interest Asbestos

Asbestos - Asbestos Trainer Accreditation

Click the "... icon to view more actions.

Then click "pencil" icon to begin renewal.

4. Update any expired or outdated information.

Accreditation Renewal Application

APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

2053 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Type of Training

Supervisor Worker

Worker for Full-Scale Asbestos Abatement

Initial

If this is renewal, what is your requested renewal date?

mm/dd/yyyy

System will prompt for a renewal date to be entered and trigger Payment. Update application information and click "save" icon.

Official Application Information

Firm Name: A-Town Asbestos Training

Country: United States Canada

Address Line 1: 111 Training Way

City: Portland State: OR (Oregon) Zip Code: 97232

Salutation: First Name: Freddie M.I.: Last Name: Falcon

Company: A-Town Asbestos Training Title: Email: email@email.com

Phone: Mobile: Fax:

Save icon

Send Back Attachments

Submittal Information

Asbestos - Training Provider Accreditation Application

Air Quality Asbestos

140001 Renew

This form shall be used by a person who wishes to seek an accreditation from DEQ to become an Accredited Asbestos Training Provider.

Oregon Administrative Rule 540-248-0143 (Licensing and Certification Requirements: Training Provider Accreditation) requires that "DEQ & persons may apply to become an Accredited Training Provider."

All Attachment Requirements

No attachment required for current submittal.

5. Once all of the applicable information has been updated, follow the remaining steps outlined in Section 3, III of this Guide to complete each of the tabs, including Payment and Submission.

4. Supervisor-Worker Certification Submittal

I. Starting Supervisor-Worker Certification Application

The Responsible Official or delegated Consultant/Preparer for the Accredited Training Provider may initiate a submittal for a Supervisor or Worker Certification Application. An application is required for anyone who wishes to become a certified worker or certified supervisor to conduct asbestos abatement in Oregon. Individuals must apply through the training provider to attend a certified worker or supervisor class. A copy of the application form may be downloaded from the [DEQ Asbestos Information website](#) to be completed by the student and submitted to the accredited trainer. The training provider

must review the application to ensure the individual is qualified to attend the class. The training provider will use Your DEQ Online to submit the application to DEQ for review and approval. A copy of the application signed by the student must be uploaded using the Attachment tab.

From your account Dashboard, use quick links to move through the system. From there, follow the steps below to apply for the certification course online.

Start a New Submittal

Use the first quick link to "start new submittal." This leads to the *New Submittal* page.

Starting a New Application

Click the yellow "+" button to get started.

List of Submittal Tabs

Application Tabs

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Application Information

☐ New applicant ☐ Existing applicant that has registered in the state before

Required

Salutation M.I. Last Name

Required

Company Title Email

Required

Phone Mobile Fax

Required

Last 4 digits Date of Birth ☐

Required

Country ☐ United States ☐ Canada

Address Line 1 Address Line 2

Required

City State Zip Code

Required

Submittal Information

Asbestos - Supervisor/Worker Certification Application

☐ Air Quality ☐ Asbestos


☐ F4002 ☐ New

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

Oregon Administrative Rule 540-248-0130 (Licensing and Certification Requirements: Certification) requires that: (a) A person seeking to become a certified supervisor or worker...

All Attachment Requirements

No attachment required for current submittal.

Under the Basic Info tab, complete all required information. If a required field is left blank or unanswered, the  icon will appear next to the Basic Info tab.

If the applicant is currently certified by DEQ and requests to attend a refresher course or the supervisor initial course, use the “Existing applicant...” button to search for and select the individual from the dropdown list. The existing applicant information will auto populate the fields. Review the information and update as needed.

Basic Info Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Application Information

☐ New applicant ☒ Existing applicant that has registered in the state before

Select the Existing Applicant

430 Smith, Jon Lic No F23426

Jon Smith

Found: 1

Use existing applicant option to search for and select currently certified workers and supervisors.

Basic Info Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Application Information

☐ New applicant ☒ Existing applicant that has registered in the state before

Select the Existing Applicant

430 Smith, Jon Lic No: F23426

Solution First Name M.I. Last Name

Jon Smith

Company Title Email

A-Town Abatement

Phone Mobile Fax

555-555-5555 XXX-XXX-XXXX XXX-XXX-XXXX

Last 4 digits of Social Security Number Date of Birth

Required. mm/dd/yyyy Required.

Country

☒ United States ☐ Canada

Address Line 1 Address Line 2

111 Lumberjack Drive

City State Zip Code

Medford OR (Oregon) 97504

☐ Mailing address (if different)

Save icon

If the applicant is not currently certified by DEQ or does not appear in the dropdown list as an existing applicant, select the “New applicant” button and complete all of the required information.

Basic Info Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Application Information

☒ New applicant ☐ Existing applicant that has registered in the state before

Solution First Name M.I. Last Name

Fred Falcon

Company Title Email

A-Town Abatement

Phone Mobile Fax

503-229-6351 XXX-XXX-XXXX XXX-XXX-XXXX

Last 4 digits of Social Security Number Date of Birth

5555 01/01/1999

Country

☒ United States ☐ Canada

Address Line 1 Address Line 2

111 Asbestos Way

City State Zip Code

Portland OR (Oregon) 97232

☐ Mailing address (if different)

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

Type of Asbestos Certification Course

Save icon

Always click the “save” button before proceeding to the next tab.

The system will assign a Submittal ID number to your application. This number will be used for tracking the application's status and to look up the application if you are unable to fully complete it during the process.

Basic Info Tab

1947 (Open)

Once Basic Info is complete and is saved, a submittal ID # will be generated by the system.

ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Application Information

☒ New applicant ☐ Existing applicant that has re

Solution First Name E Falcon

Company Title Email
A-Town Abatement email@email.com

Phone Mobile Fax
503-229-6351 XXX-XXX-XXXX XXX-XXX-XXXX

Last 4 digits of Social Security Number Date of Birth
5555 01/01/1999

Country
☒ United States ☐ Canada

Address Line 1 Address Line 2
111 Asbestos Way

City State Zip Code
Portland OR (Oregon) 97232

☐ Mailing address (if different)

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

Type of Asbestos Certification Course

Send Back Attachments

Submittal Information

Asbestos - Supervisor/Worker Certification Application

☒ Air Quality ☒ Asbestos

☒ 140002 ☐ New

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

Oregon Administrative Rule 340-248-0130 (Licensing and Certification Requirements: Certification) requires that: (a) A person wishing to become a certified supervisor or worker

All Attachment Requirements

No attachment required for current submittal.

II. Attachments

On the Attachment tab, if applying to attend a refresher course or supervisor initial course, upload or drag a copy of the student's current certification (if relying on an out-of-state certification) or current Oregon ID card. You will also use the Attachment tab to upload a copy of the signed "paper" application completed by the student.

Attachment Tab

ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

When uploading documents, first click the file record and select a file type option for the uploaded file. If you want to mail the documents to the authorized agency, please navigate to the Review tab and use the "Mail To" checkbox.

Doc Type: other

Click to Upload or Drag Files Over Here

You may use the Attachment tab to upload a copy of a course certificate or ID card.

Send Back Attachments

Submittal Information

Asbestos - Supervisor/Worker Certification Application

☒ Air Quality ☒ Asbestos

☒ 140002 ☐ New

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

Oregon Administrative Rule 340-248-0130 (Licensing and Certification Requirements: Certification) requires that: (a) A person wishing to become a certified supervisor or worker

All Attachment Requirements

No attachment required for current submittal.

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

When uploading an attachment, first click the file record and select a file type option for the uploaded file. If you want to mail the documents to the authorized agency, please navigate to the Review tab and use the "Mail To" checkbox.

Files

File Name	Doc Type	Size
Certificate (1).pdf	PDF	286 KB
Worker refresher application - JSmith Jun 2021.pdf	PDF	174 KB

Click to Upload or Drag Files Over Here

III. Making a Payment

No payment is required for this submittal. Skip Payment tab and proceed to Review.

IV. Reviewing the Submittal

The Review tab allows the applicant to download a PDF copy of their application to review the information prior to final submission. The Review tab will also indicate if there are incomplete fields.

Review Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Review your submittal and any attachments. Save any changes you have made before returning to this page, and proceed to the Submission page.

Submittal Form(s) Summary

Please check if the following sections are completed. Click on the PDF icon to open/save/print the PDF form.

✓ Basic Info

Payment

Fee: \$ 0.00 + Service: \$ 0.00 = \$ 0.00

Mandatory Attachment

Attachments are not required for this submittal.

Uploaded Attachment

certs.pdf (PDF, 1,315 KB)

Click to review application before submitting. If any changes are needed, navigate to the related tabs to make those changes. Always click "save".

Send Back Attachments

Submittal Information

Asbestos - Supervisor/Worker Certification Application

1 Air Quality 2 Asbestos

1 140002 New

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

Oregon Administrative Rule 340-248-0130 (Licensing and Certification Requirements: Certification requires that: (a) A person wishes to become a certified supervisor or worker.

All Attachment Requirements

No attachment required for current submittal.

Sample PDF file

Review Tab: Application PDF



**ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION
APPLICATION FORM**
Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 503-229-5437

7/8/2021

DEQ USE ONLY
Submittal ID: 1947 Submitted Date:

This form must be complete, legible and given to the training provider along with the appropriate fee before you can attend any certification class

Application Information

Full Name: Fred E Falcon	Salutation:	
Company: A-Town Abatement	Title:	Email: email@email.com
Phone: 503-229-6351	Mobile:	Fax:
Last 4 digits of Social Security Number* : 5555		Birth Date: 1999-01-01
Mailing Address: 111 Asbestos Way		
City: Portland	State: OR	ZIP Code: 97232
<input type="checkbox"/> Mailing address (if different)		
List the Training Class Name and Date you plan to attend, if approved by DEQ		
Type of Asbestos Certification Course		
Certified Supervisor Refresher		
Training Provider Name: Master Class Training		
Lic No: T25-2021-RS	Phone: (555) 555-5555	
Address: 1234 Address Blvd, Portland, OR		
Are you relying on certification from EPA or an equivalent certification from another state? No		
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: 5/5/2015 State: Oregon		
Certification Card Number: S12345		Expiration Date: 7/30/2021

V. Resume Editing the Submittal

If you are unable to complete the application, you can return to it later. Follow these steps to locate the application and continue the process.

After logging into your account, the Dashboard screen will appear. Use the Quick Links to navigate to the “Resume Edits” area to view the Pending Submittals and locate your unfinished application.

Alternatively, you may access the pending application using the “...” icon.

Your Dashboard: Quick Links – Resume Edits

Dashboard

Views summary of work progress.

Submittals

Create new submittals.

Resume Edits

Edit unfinished submittals.

Track Submittal Status

Monitor submittal status.

Upcoming Obligations

Submit compliance reports.

Pay Invoices/Fees

Make online payments.

Issuance

Permits/Certificates

Track permits or licenses.

Utilities

Public Records

Search Public Submittals, Notices and Permits.

Settings

My Account

Change account information.

Submittals (LAST 3 MONTHS)

Pending Submitted

WEST COAST GROCERY #4 HOT

Asbestos - Abatement Project Notification (ASN-1/ASN-4)

7460 SW DUVAL, TIGARD, OR 97223 (Washington County)

Asbestos - Supervisor/Worker Certification Application

06/15/2021 7 days ago

Asbestos - Abatement Project Notification (ASN-1/ASN-4)

06/13/2021 9 days ago

Asbestos - Abatement Project Notification (ASN-1/ASN-4)

06/10/2021 12 days ago

Asbestos - Quarterly Report (ASN-3)

06/10/2021 12 days ago

NEW SUBMITTALS

My Favorites Popular

Asbestos - Abatement Contractor

Asbestos - Supervisor/Worker Certification Application

Asbestos - Training Course Completion Notice

Asbestos - Training Provider Accreditation Application

Pending Submittals – Resume Edits

Pending Submittals

Updated Date (New-Old)

Criteria

Keywords

Submittal ID Submittal Type

Program Facility Name Address

Obligation Type

☐ Obligation

☐ Non-Obligation

Updated Date

Asbestos - Abatement Contractor

Asbestos - Supervisor/Worker Certification Application

1995 Open SN-7

07/15/2021 12 days ago

Asbestos - Supervisor/Worker Certification Application

1984 Open

07/14/2021 13 days ago

Asbestos - Training Provider Accreditation Application

1977 Open

07/14/2021 13 days ago

Asbestos - Supervisor/Worker Certification Application

1974 Open

07/14/2021 13 days ago

Asbestos - Worker and Supervisor ID Card Purchase

1973 Open

07/14/2021 13 days ago

Asbestos - Supervisor/Worker Certification Application

1946 Open

07/06/2021 19 days ago

Asbestos - Training Provider Accreditation Application

1945 Open

07/06/2021 19 days ago

Asbestos - Abatement Contractor

Asbestos - Abatement Contractor Licensing/Annual Notification Application

1943 Open SN-7

07/07/2021 20 days ago

After you are finished completing the required fields, proceed to the Submission tab.

VI. Completing the Submittal

On the Submission tab, the Responsible Official is in charge of certifying the application. Answer your account security question and PIN number. These were part of the account registration process.

Submission Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1974 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

I have reviewed the attached application and have determined it meets the minimum requirements in OAR 340-248-0130.

☐ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: What is the first and last name of your oldest sibling? *

☐ Show Question Answer

PIN: *

Check the acknowledgement box and answer your security question and PIN number.

Next, click the now activated “Submit”.

Submission Tab

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1974 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

I have reviewed the attached application and have determined it meets the minimum requirements in OAR 340-248-0130.

☒ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: What is the first and last name of your oldest sibling? *

☐ Show Question Answer

PIN: *

Security Precautions

To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.

Disclaimer

The system, its agencies, officers, or employees protect your confidential information. However personally identifiable information privacy is a new and evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. The development company specifically disclaims any and all liabilities from damages which may result from accessing the website, or from reliance upon any such information.

Completing the fields activates the “Submit” button.

Submission Confirmation

Submission Confirmation

← ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1947 Complete Submittal

1 Receipt

✓ Submission Successful

Confirmed!

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.
Please click [Print](#) to print your receipt

Submittal Summary

Submittal ID:	1947	Submitted Date:	2021-07-13
Submitted By:	airASB Testing 503-229-5696 eain_kelton@enfotech.com	Owner Information:	airASB Testing 503-229-5696 eain_kelton@enfotech.com

Form Detail

Submittal Name:	Asbestos - Supervisor/Worker Certification Application	Submitted Method:	Online Submission
-----------------	--	-------------------	-------------------

ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1947 Complete Submittal

1 Receipt

✓ Submission Successful

Click either this button or the lower "Print" button to open your Submittal Receipt.

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.
Please click [Print](#) to print your receipt

Submittal Summary

Submittal ID:	1947	Submitted Date:	2021-07-13
Submitted By:	airASB Testing 503-229-5696 eain_kelton@enfotech.com	Owner Information:	airASB Testing 503-229-5696 eain_kelton@enfotech.com

Form Detail

Submittal Name:	Asbestos - Supervisor/Worker Certification Application	Submitted Method:	Online Submission
-----------------	--	-------------------	-------------------

Payment Detail

Payment Date	Fee Amount	Paid Amount	Payment Method
Total:	0	0	

Certification

Certification Statement: I hereby certify that the information contained in this submittal is true, accurate and complete.

Certification Question: where did you first meet your spouse?

Certification Question Answer: *****

PIN Number: *****

Responsible Official: airASB Testing


Sender IP Address: 159.121.206.56

Attachment List

certs.pdf	PDF	1,315 KB
-----------	-----	----------

[Finish](#) [Print](#)

Submittal Receipt: Application PDF



Submittal Receipt
Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100
Create Date: 7/13/2021

Submittal Summary

Submittal ID: 1947

Application: Asbestos - Supervisor/Worker Certification Application

Submitted By: airASB Testing Email: eain_kelton@enfotech.com

Owner Information: airASB Testing Email: eain_kelton@enfotech.com

Submitted Date: 07/13/2021

Form Detail

Submittal Name: Asbestos - Supervisor/Worker Certification Application

Submission Method: Online

Payment Information

There is no payment due at this time.

Certification

Certification Statement: I hereby certify that the information contained in this submittal is true, accurate and complete.

Certification Question: where did you first meet your spouse?

Certification Question Answer: *****

PIN Number: *****

IP Address: 159.121.206.56

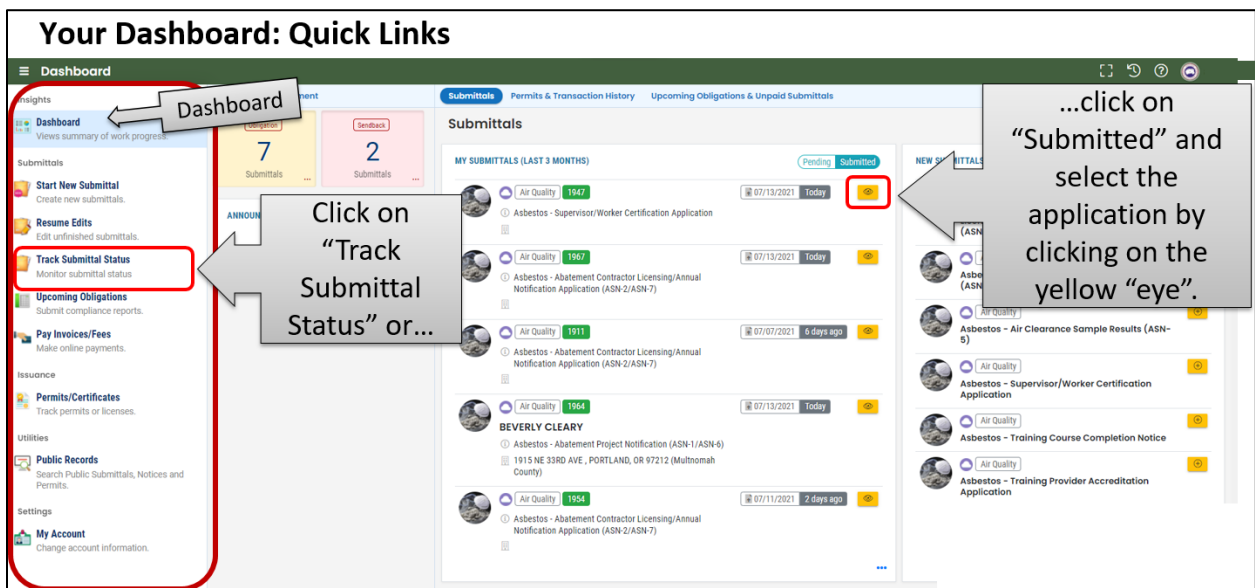
Responsible Official: airASB Testing

You will receive an automatic email confirming receipt of the submittal. You may review this from the Tracking Submittal Status section.

VII. Tracking Submittal Status

Once you have completed the submittal, open the Track Submittal Status page by using the navigation pane on the left side of the Dashboard screen. Next to the submittal, there will be an “eye” icon to view the status of the submission.

Your Dashboard: Quick Links



Dashboard

Submittals

7 Submittals

2 Submittals

Click on "Track Submittal Status" or...

...click on "Submitted" and select the application by clicking on the yellow "eye".

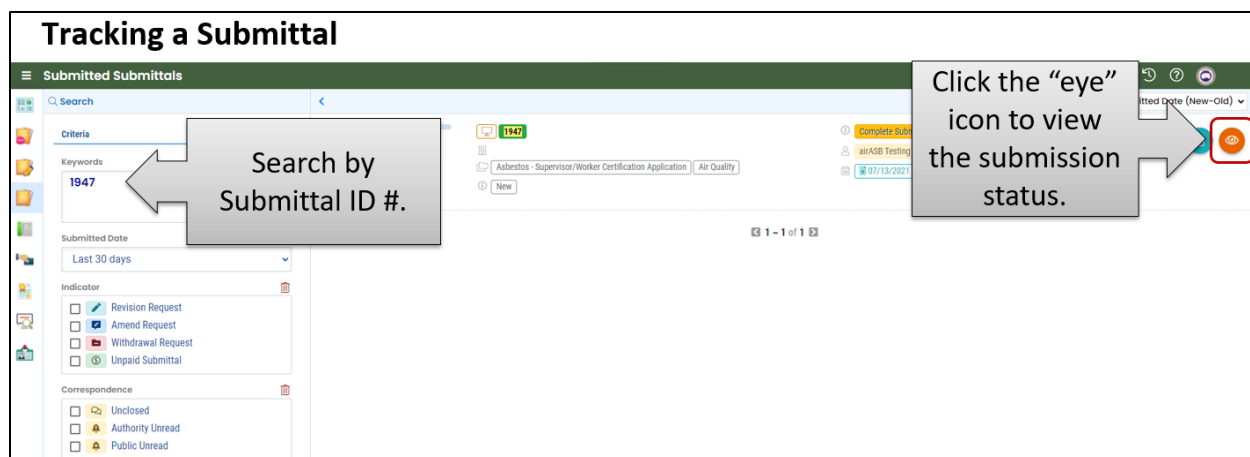
Submittals

MY SUBMITTALS (LAST 3 MONTHS)

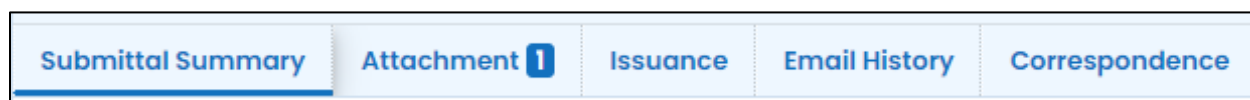
Submittal ID	Application Name	Status	Submitted Date	Action
1947	Asbestos - Supervisor/Worker Certification Application	Submitted	07/13/2021	View
1967	Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)	Submitted	07/13/2021	View
1911	Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)	Submitted	07/07/2021	View
1964	Asbestos - Abatement Project Notification (ASN-1/ASN-6)	Submitted	07/13/2021	View
1954	Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)	Submitted	07/11/2021	View

NEW SUBMITTALS

- Asbestos - Air Clearance Sample Results (ASN-9)
- Asbestos - Supervisor/Worker Certification Application
- Asbestos - Training Course Completion Notice
- Asbestos - Training Provider Accreditation Application

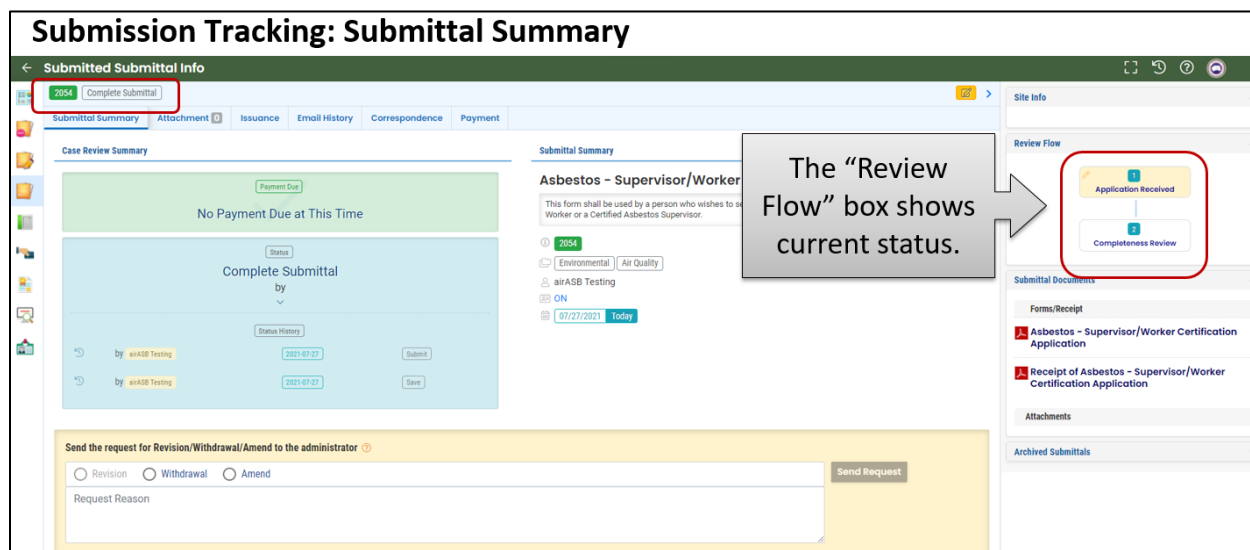


Submittal status includes multiple tabs (below). If you have uploaded any attachments as part of the application, they will be accessible via the Attachment tab. If the application is approved by DEQ, you will receive an email and the status will update to "Approved."



1. Submittal Summary

The Submittal Summary tab will display the status of your submission on the right side of the page under Review Flow. After successful submission, the status will change to the Application Received step. If the Review Flow step changes from beige to green, then Asbestos Staff have confirmed receipt of the application.



As the submittal moves through the review process, it will appear in the review flow section until the certification application is approved or denied.

Submission Tracking: Submittal Summary

The "Review Flow" box shows current status.

Submission Tracking: Submittal Summary

The "Review Flow" box shows current status.

Submittal status will also change once the application has been approved by DEQ.

After DEQ has approved the application, the applicant may attend the certification course.

2. Issuance Tab

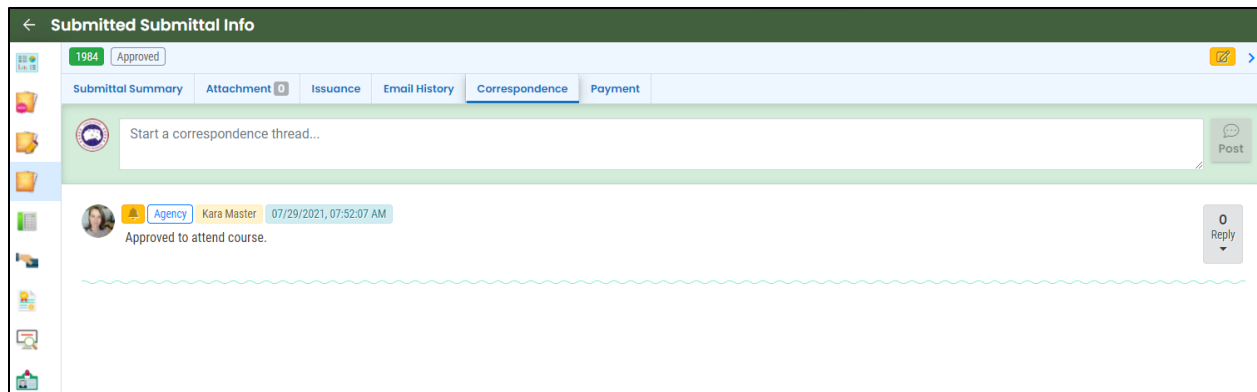
There is no issuance document for this submittal.

3. Email History Tab

The Email History tab will display all email exchanged with the trainer regarding the worker or supervisor application.

4. Correspondence Tab

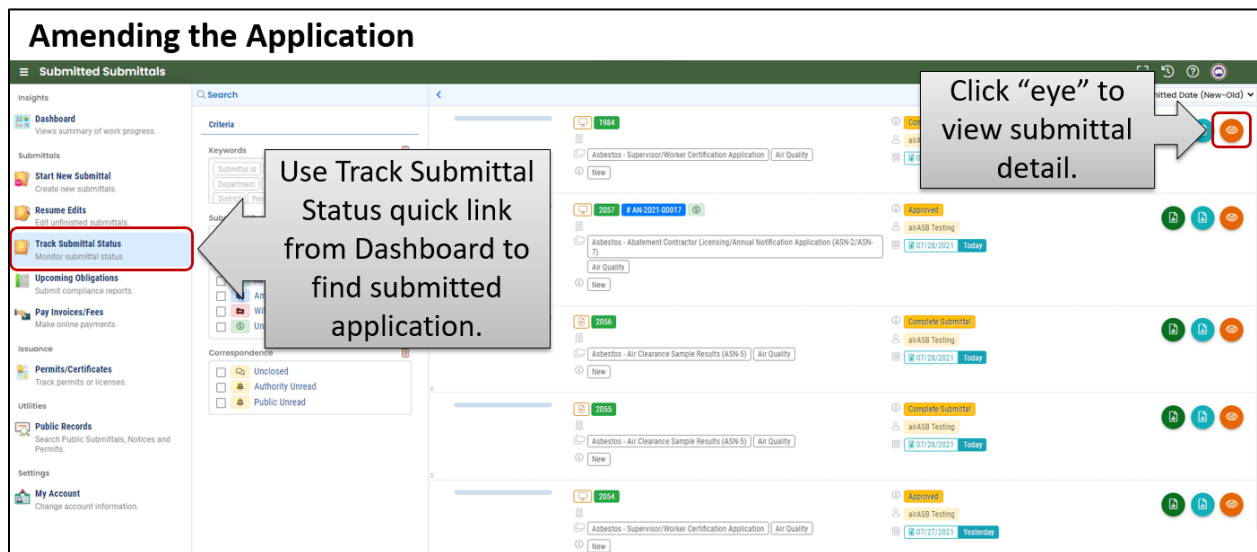
The Correspondence tab allows you to exchange messages with DEQ.



VIII. Making Corrections

Amending the Application

If you identify an error on the application, you can use your submittal ID number from the Track Submittal Status area to locate and revise the application.



Open the application to view the submittal detail. From the Submittal Summary tab, you will see a box titled “Send the request for Revision/Withdrawal/Amend to the administrator”.

Amending the Application

Submitted Submittal Info

1984 Complete Submittal

Submittal Summary Attachment Issuance Email History Correspondence Payment

Case Review Summary

No Payment Due at This Time

Status
Complete Submittal
by Kara Master 2021-07-28

Status History

By	Date	Action
by airASB Testing	2021-07-28	Submit
by Kara Master	2021-07-28	Executive Decision - Send Back
by airASB Testing	2021-07-28	Submit
by airASB Testing	2021-07-15	Save

Submittal Summary

Asbestos - Supervisor/Worker Certification Application

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

1984
Environmental Air Quality
airASB Testing
ON
07/28/2021 Today

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☒ Amend

Request Reason

Send Request

1 Click "Amend"

Amending the Application

Submitted Submittal Info

1984 Complete Submittal

Submittal Summary Attachment Issuance Email History Correspondence Payment

Case Review Summary

No Payment Due at This Time

Status
Complete Submittal
by Kara Master 2021-07-28

Status History

By	Date	Action
by airASB Testing	2021-07-28	Submit
by Kara Master	2021-07-28	Executive Decision - Send Back
by airASB Testing	2021-07-28	Submit
by airASB Testing	2021-07-15	Save

Submittal Summary

Asbestos - Supervisor/Worker Certification Application

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

1984
Environmental Air Quality
airASB Testing
ON
07/28/2021 Today

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☒ Amend

Request Reason

Amend

2 The red "Amend" button will activate. Click this to unlock the submittal for editing.

3 Click yellow pencil to enter application to make changes and resubmit.

ASBESTOS ABATEMENT WORKER & SUPERVISOR CERTIFICATION APPLICATION FORM

1064 Amendment

Basic Info | Attachment | Payment | Review | Submission

Application Information

☒ New Applicant ☐ Existing applicant that has registered in the state before

Solution: [] First Name: Ernie M.I.: [] Last Name: Sesame

Company: Sesame Abatement Title: [] Email: email@email.net

Phone: 555-555-5555 Mobile: 555-555-5555 Fax: XXX-XXX-XXXX

Last 4 digits of Social Security Number: 0000

Country: ☒ United States ☐ Canada

Address Line 1: 1234 Sesame Street

City: Portland State: OR (Oregon) Zip Code: 97232

☐ Mailing address (if different)

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

Type of Asbestos Certification Course

Select Training Course: Certified Worker Initial Date: 07/16/2021

Training Provider: []

Save icon

This Amend action will unlock the application for editing. Resubmit the application to DEQ using the Submission tab.

Submittal Send Back

If DEQ identifies missing or incomplete information, you will be notified by email outside of the Your DEQ Online system that the application has been returned. To edit the application, search for the “Sendback” icon on the submittal and click the pencil icon.

Dashboard: Application Send Back

Dashboard | Top | Announcement | Submittals | Permits & Transaction History | Upcoming Obligations & Unpaid Submittals

Returned Application will appear under "Pending"

Click the "pencil" to edit application if listed on Dashboard.

Use Quick Links to resume edits and navigate to the Pending Submittals.

Pending Submittals: Application Send Back

Criteria

Keywords

Submittal ID Submittal Type Submittal Status Department

Program Facility Name Address District DP Name

Reg No.

Obligation Type

☐ Obligation

☐ Non-obligation

Updated Date

Non-Obligation Submittals (22)

1984 Amendment New 07/28/2021 Today

2003 2000 Open Renew 07/27/21

2024 Amendment New 07/26/2021 2 days ago

2041 2007 Open Renew 07/26/2021 2 days ago

2008 2013 Open Renew 07/26/2021 2 days ago

2007 2025 Open Renew 07/26/2021 2 days ago

2003 1997 Open Renew 07/26/2021 2 days ago

2023 Open New 07/23/2021 5 days ago

2014 Open New 07/21/2021 7 days ago

2008 Amendment New 07/20/2021 8 days ago

Abra Deal

Basic Info: Application Send Back

Reason for send back.

Send Back Comments

2021-07-28 OR0253085

Send Back Reason: missing copy of certificate

OR0253085

Send Back Reason: Missing copy of cert

Send Back Attachments

Submittal Information

Asbestos - Supervisor/Worker Certification Application

Air Quality Asbestos

140002 New

This form shall be used by a person who wishes to seek Certification from DEQ to become a Certified Asbestos Worker or a Certified Asbestos Supervisor.

Oregon Administrative Rule 340-240-0130 (Licensing and Certification Requirements: Certification) requires that: (a) A person wishing to become a Certified Asbestos Worker or a Certified Asbestos Supervisor must:

All Attachment Requirements

attachment required for current submittal.

Application Information

☒ New applicant ☐ Existing applicant that has registered in the state before

Solution First Name M.I. Last Name

Ernie Sesame

Company Title Email

Sesame Abatement email@email.net

Phone Mobile Fax

555-555-5555 XXX-XXX-XXXX XXX-XXX-XXXX

Last 4 digits of Social Security Number

0000

Country

☒ United States ☐ Canada

Address Line 1

1234 Sesame Street

City

Portland OR (Oregon) 97232

☐ Mailing address (if different)

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

Type of Asbestos Certification Course

Select Training Course

Certified Worker Initial

Date

07/16/2021

Training Provider

Save icon

Application fields are unlocked for editing. After revising application, click the "save" icon.

Follow the remainder of the submittal steps to resubmit to DEQ with requested information.

5. Worker and Supervisor ID Card Purchase Submittal

1. Starting ID Card Purchase Request

The Responsible Official or delegated Consultant/Preparer will initiate a request to purchase blank certification ID Cards from DEQ. The certification ID cards are issued to certified workers and certified supervisors upon successful course completion. From your account Dashboard, use quick links to move through the system. Follow the steps below to submit a purchase request online for a blank ID Card.

Start a New Submittal

Use the first quick link to "start new submittal." This leads to the New Submittal page.

Dashboard

NEW SUBMITTALS

- Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)
- Asbestos - Abatement Project Notification (ASN-1/ASN-6)
- Asbestos - Air Clearance Sample Results (ASN-5)
- Asbestos - Supervisor/Worker Certification Application
- Asbestos - Training Course Completion Notice
- Asbestos - Training Provider Accreditation Application

Permits & Transaction History

MY ACTIVE PERMITS

TRANSACTION HISTORY

Starting a New ID Card Request

Click the yellow "+" button to get started.

New Submittal

You have 20 unfinished submittals waiting to be finished.

Air Quality (7)

- Asbestos - Abatement Contractor Licensing/Annual Notification Application (ASN-2/ASN-7)
 - Fee: \$140005
- Asbestos - Abatement Project Notification (ASN-1/ASN-6)
 - Fee: \$140004
- Asbestos - Air Clearance Sample Results (ASN-5)
 - Fee: \$140046
- Asbestos - Supervisor/Worker Certification Application
 - Fee: \$140002
- Asbestos - Training Course Completion Notice
 - Fee: \$140048
- Asbestos - Training Provider Accreditation Application
 - Fee: \$140001
- Asbestos - Worker and Supervisor ID Card Purchase**
 - Fee: \$140047

List of Submittal Tabs

ID Card Request Tabs

Asbestos - Worker and Supervisor ID Card Purchase

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Applicant

Select the Training Provider who is requesting the blank ID cards

Required

ID Card Detail

Select which ID cards you are requesting and enter the quantity

Worker ☒ Supervisor ☐

Quantity: 5 *\$45

Submittal Information

Asbestos - Worker and Supervisor ID Card Purchase

1 Air Quality 2 Asbestos

1 140047 New

This form shall be used by Accredited Training Providers to obtain blank Worker/Supervisor ID cards from DEQ.


Per Oregon Administrative Rule 340-248-0130(4), the training course provider will issue a typed certification card and a certificate of course completion to an applicant who has fulfilled the certification requirements.

All Attachment Requirements

No attachment required for current submittal.

Send Back Attachments

Save icon

Under the Basic Info tab, complete all required information. If a required field is left blank, the  icon will appear next to the Basic Info tab.

Basic Info Tab

Asbestos - Worker and Supervisor ID Card Purchase

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Applicant

Select the Training Provider who is requesting the blank ID cards

20539 A-Town Asbestos Training Lic No TA-2021-00014 555-555-5555 111 Training Way, Portland, OR 97232

ID Card Detail

Select which ID cards you are requesting and enter the quantity

Worker ☒ Supervisor ☐

Quantity: 5 *\$45

Select the training provider requesting the ID cards from the dropdown and enter the number of cards. Click the save icon before proceeding to the payment tab.

Save icon

Save icon

Always click the “save” button before proceeding to the next tab.

The system will assign a Submittal ID number to your application. This number will be used for tracking the application's status and to look up the application if you are unable to fully complete it during the process.

Basic Info Tab

← Asbestos - Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 Payment

Applicant

Select the Training Provider who is requesting the b

20539 A-Town Asbestos Training

Asbestos - Asbestos Trainer Accreditation

111 Training Way, Portland, OR 97232

ID Card Detail

Select which ID cards you are requesting and enter the quantity

☒ Worker Quantity: 5 *\$45

☐ Supervisor

II. Attachments

There are no required attachments for this submittal.

III. Making a Payment

Proceed to the “Payment” tab and click the blue “Pay Amount Due” box.

Payment Tab

← Asbestos - Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Please complete the payment process.

Fee Paid Due

\$225.00 - \$0.00 = \$225.00

Click the “Pay Amount Due” button to initiate the payment process.

Pay Amount Due

Fee

Worker Fee

① Permit Fee \$225.00

Payment Transactions

No transaction record found.

The options for payment are currently electronic fund transfer through ACH e-Payment or by check.

1. ACH e-Payment: Make an electronic fund transfer.
2. Check by Mail: Print submittal receipt and mail along with paper check to the US Bank lockbox address as indicated.

Option 1: Payment by ACH e-Payment

1. Select ACH e-Payment.
2. Launch e-Pay.
3. After submitting bank payment information, return to this page and click “save.”

Payment Tab: ACH e-Payment Option

← Asbestos – Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Please complete the payment process.

Fee: \$225.00 – Paid: \$0.00 = Due: \$225.00

1 ☒ ACH ☐ Check by Mail

Automated Clearing House (ACH) payment method:

When clicking button on the right, you will be **redirect** to agency's payment portal to finish the payment. Once finished, you will be **redirect back** to the system to finish the task.

2

Fee

Worker Fee	\$225.00
Permit Fee	

Payment Transactions

No transaction record found.

This launches the secure payment module where you enter bank routing number and account information to submit payment. After completion, this window reappears.

e-Pay steps in secure Financial Information Management System (FIMS):

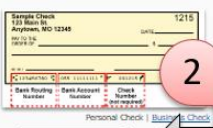

State of Oregon
DEQ Department of Environmental Quality

Make a Payment

My Payment
DEQ GovOnline Pymts
Amount Due: \$225.00

Payment Information
Frequency: One Time
Payment Amount: \$225.00
Payment Date: Pay Now

Contact Information
First Name: airASB
Last Name: Testing
Company: (Optional)
Address 1: 250 Bowler Ave.
Address 2: (Optional)
City: Toronto
State: OR
Zip Code: 97232 (Optional)
Phone Number: (503) 229-5696
Email Address: sonny_su@enfotech.com
[Become a Registered User](#)


Payment Method
Bank Routing Number: 
Bank Account Number: 
Bank Account Type: ☒ Checking ☐ Savings
☐ This is a business account

1 Review contact information for accuracy

2 Enter bank account information

3 Click "Continue"

[Continue](#) [Cancel](#)

powered by 


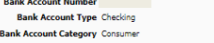
[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

State of Oregon
DEQ Department of Environmental Quality

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details
Description: DEQ GOVONLINE
DEQ GovOnline Pymts
<http://oregon-public-ust.govonlineasas.com/client/pub/login>
Payment Amount: \$225.00
Payment Date: 07/30/2021

Payment Method
Bank Routing Number: 
Bank Name: US BANK NA
Bank Account Number: 
Bank Account Type: Checking
Bank Account Category: Consumer
Confirmation Email: sonny_su@enfotech.com

Contact Information
First Name: airASB
Last Name: Testing
Address 1: 250 Bowler Ave.
City: Toronto
State: OR
Zip Code: 97232
Phone Number: 5032295696
Email Address: sonny_su@enfotech.com

4 Check box to accept terms


☒ I authorize the payee to electronically debit my bank account for the amount(s) and at the set forth above.
It is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by cancelling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

5 Click "Confirm"

[Confirm](#) [Back](#)

Customer Service | Help | Privacy Policy | Security

[Exit](#)



State of Oregon DEQ Department of Environmental Quality

Confirmation

Please click the 'Return to Home Page' button to complete the payment process.
Please keep a record of your Confirmation Number, or [print this page](#) for your records.
Confirmation Number: **DEQTST000002084**

Payment Details

Description	DEQ GOVONLINE DEQ GovOnline Pymts https://oregon-public-ust.govonlineasas.com/client/pub/login
Payment Amount	\$225.00
Payment Date	07/30/2021
Status	SCHEDULED

Bank Details

Routing Number	
Bank Name	US BANK NA
Account Number	
Bank Account Type	Checking
Bank Account Category	Consumer
Confirmation Email	sony_su@enfotech.com

6 Returns to the submittal

[Return to Home](#)

powered by **usbank**

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

Payment Tab: ACH e-Payment Option

← Asbestos - Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 **Payment** 4 Review 5 Submission

Fee

Paid

Credit

\$ 225.00

-

\$ 225.00

=

\$ 0.00

Fee

Worker Fee

Permit Fee

\$ 225.00

Payment Transactions

ePayment (ACH)


2021-07-29

2021-07-30

DEQTST000002084

\$ 225.00

3 Click save.



Option 2: Check by Mail

1. Select Check by Mail.
2. Check the confirmation box.
3. Click "save" icon.

Payment Tab: Check by Mail Option

← Asbestos - Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 **Payment** 4 Review 5 Submission

You've requested to pay amount due by mailing a check.

Fee	Paid	Due
\$ 225.00	\$ 0.00	\$ 225.00

1 ☐ ACH ☒ **Check by Mail**

Check by Mail payment method:

Please make the check payable to:

DEQ Financial Services - LBX3615
P.O. Box 3615
Portland OR 97208-3615

2 ☒ Check here to confirm **Check by Mail** payment method.

Pay Amount Due

Fee

Worker Fee
Permit Fee

\$ 225.00

Payment Transactions

No transaction record found.

3

By following these three steps, you enable the system to produce a submittal receipt after your submittal is finalized. The submittal receipt contains instructions and bank mailing address to use when mailing your payment by check.

IV. Reviewing the Submittal

The Review tab allows the applicant to download a PDF copy of their application to review the information prior to final submission. The Review tab will also indicate if there are any required fields that are incomplete.

Review Tab

← Asbestos - Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 Payment 4 **Review** 5 Submission

Review your submittal and any attachments. Save any changes you have made before returning to this page, and proceed to the Submission page.

Submittal Form(s) Summary

Please check if the following sections are completed. Click on the PDF hyperlink to open/save/print the PDF form.

✓ Basic Info

Payment

Fee	Service
\$ 225.00	\$ 0.00

Mandatory Attachment

Attachments are not required for

Uploaded Attachment

Send Back Attachments

Submittal Information

Asbestos - Worker and Supervisor ID Card Purchase

① Air Quality | Asbestos

② F40347 | New

This form shall be used by Accredited Training Providers to obtain blank Worker/Supervisor ID cards from DEQ.

Per Oregon Administrative Rule 340-240-0130(4), the training course provider will issue a typed certification card and a certificate of course completion to an applicant who has fulfilled the certification requirements.

All Attachment Requirements

No attachment required for current submittal.

Click to review request before submitting. If any changes are needed, navigate to the related tabs to make those changes. Always click "save."

Sample PDF file

Review Tab: ID Card Purchase PDF



Asbestos Trainer Accreditation
ASBESTOS - WORKER AND SUPERVISOR ID CARD PURCHASE
Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 503-229-5437 7/29/2021

DEQ USE ONLY
Submittal ID: 2061 Submitted Date:

Asbestos - Worker and Supervisor ID Card Purchase
Applicant
Select the Training Provider who is requesting the blank ID cards
A-Town Asbestos Training
Contact **Freddie Falcon** Phone **555-555-5555**
Person
License No **TA-2021-00014** Address **111 Training Way, Portland, OR 97232**
Email **email@email.com**

ID Card Detail
Select which ID cards you are requesting and enter the quantity

<input checked="" type="checkbox"/>	Worker	5
<input checked="" type="checkbox"/>	Supervisor	0

V. Completing the Submittal

On the Submission tab, the Responsible Official is in charge of certifying the information contained within the request is true and correct. Answer your account security question and PIN number. These were part of the account registration process.

Submission Tab

Asbestos - Worker and Supervisor ID Card Purchase
2061 Open
1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission
Certification Statement
Declaration of accuracy information provided: *
I hereby certify that I am the owner or Responsible Corporate Officer with financial and operational authority over the facility located at the address or location specified.
☒ I have read and agree to the above certification statement
Security Question & PIN Number
Security Question: what is the last name of your favorite teacher? *

☐ Show Question Answer
PIN: *

Security Precautions
To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.
Disclaimer

Check the acknowledgement box and answer your security question and PIN number.

Next, click the activated “Submit” button.

Submission Tab

← Asbestos – Worker and Supervisor ID Card Purchase

2061 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

I hereby certify that I am the owner or Responsible Corporate Officer with financial and operational authority over the facility located at the address or location specified.

☒ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: what is the last name of your favorite teacher? *

☐ Show Question Answer

PIN: *

Security Precautions

To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.

Disclaimer

The system, its agencies, officers, or employees protect your confidential information. However personally identifiable information privacy is a new and evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. The development company specifically disclaims any and all liabilities from damages which may result from accessing the website, or from reliance upon any such information.

Submit

Completing the fields activates the “Submit” button.

Submission Confirmation

Submission Confirmation

← Asbestos – Worker and Supervisor ID Card Purchase

2061 Complete Submittal

1 Receipt

Submission Successful

Confirmed!

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.

Please click **Print** to print your receipt

Submittal Summary

Submittal ID:	2061	Submitted Date:	2021-07-29
Submitted By:	airASB Testing 503-229-5696 sorny_su@enfotech.com	Owner Information:	airASB Testing 503-229-5696 sorny_su@enfotech.com

Form Detail

Submittal Name:	Asbestos - Worker and Supervisor ID Card Purchase	Submitted Method:	Online Submission
-----------------	---	-------------------	-------------------

Asbestos - Worker and Supervisor ID Card Purchase

2061 Complete Submittal

Receipt

Submission Successful

Confirmation of Submittal: 1. Your application has been received. Please click **Print** to print.

Submittal Summary

Submittal ID: 2061
Submitted By: airASB Testing
503-229-5696
sony_su@enfotech.com

Form Detail

Submittal Name: Asbestos - Worker and Supervisor ID Card Purchase
Submitted Method: Online Submission

Payment Detail

Payment Date	Fee Amount	Paid Amount	Payment Method
2021-07-29	225	225	ePayment (ACH)
Total:	225	225	

Certification

Certification Statement: I hereby certify that I am the owner or Responsible Corporate Officer with financial and operational authority over the facility located at the address or location specified.

Certification Question: what is the last name of your favorite teacher?

Certification Question Answer: *****

PIN Number: *****

Responsible Official: airASB Testing

Sender IP Address: 159.121.206.56


Attachment List

Finish **Print**

2021-07-29
airASB Testing
503-229-5696
sony_su@enfotech.com

Submittal Receipt (Paid in Full) PDF

Submittal Receipt

 Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 Create Date: 7/29/2021

Submittal Summary Submittal ID: 2061

Application: **Asbestos - Worker and Supervisor ID Card Purchase**

Submitted By: **airASB Testing** Email: **sony_su@enfotech.com**

Owner Information: **airASB Testing** Email: **sony_su@enfotech.com**

Submitted Date: **07/29/2021**

Form Detail

Submittal Name: **Asbestos - Worker and Supervisor ID Card Purchase**

Submission Method: **Online**

Payment Information (PAID IN FULL)

Processing Fee: **\$225.00** Convenience Fee: **(None)** Total Amount Due: **(None)**

Payment Method: **ePayment (ACH)** Paid Amount: **\$225.00** Date Paid: **7/29/2021 11:52:24 AM**

Confirmation Number: **DEQTST000002084**

Certification

Certification Statement: I hereby certify that I am the owner or Responsible Corporate Officer with financial and operational authority over the facility located at the address or location specified.

Certification Question: what is the last name of your favorite teacher?


Certification Question Answer: *****

PIN Number: *****

IP Address: 159.121.206.56

Responsible Official: **airASB Testing**

Submittal Receipt (Balance Due) PDF



Submittal Receipt

Department of Environmental Quality, State of Oregon

700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 Create Date: 7/29/2021

Submittal Summary

Submittal ID: 2062

Application: Asbestos - Worker and Supervisor ID Card Purchase

Submitted By: airASB Testing Email: sony_su@enfotech.com

Owner Information: airASB Testing Email: sony_su@enfotech.com

Submitted Date: 07/29/2021

Form Detail

Submittal Name: Asbestos - Worker and Supervisor ID Card Purchase


Submission Method: Online Fee Program ID: 5 Fund Code: ASBCOURS

Payment Information (BALANCE DUE)

Processing Fee: \$325.00 Convenience Fee: (None) Payment Method: Check Paid Amount: (None) Date Paid: (None)

Total Amount Due: \$325.00

To complete your submittal, send a copy of this Submittal Receipt and payment to:



DEQ Financial Services – LBX3615
P.O. Box 3615
Portland OR 97208-3615

Make check payable to: Department of Environmental Quality

Mail check payment to
the bank address on
this receipt.

Certification

Certification Statement: I hereby certify that I am the owner or Responsible Corporate Officer with financial and operational authority over the facility located at the address or location specified.

Certification Question: what is the last name of your favorite teacher?

Certification Question Answer: *****

PIN Number: *****

IP Address: 159.121.206.56

Responsible Official: airASB Testing

You will receive an automatic email confirming receipt of the submittal. You may review this from the Tracking Submittal Status section under the Email History tab.

VI. Tracking Submittal Status

Once you have completed the submittal, open the Track Submittal Status page by using the navigation pane on the left side of the Dashboard screen. Next to the submittal, there will be an “eye” icon to view the status of the submission.

Your Dashboard: Quick Links

The dashboard shows a sidebar with various links. A red box highlights the 'Track Submittal Status' link. A callout points to the 'Dashboard' link in the sidebar. Another callout points to the 'Submitted' status filter in the submittals list. A third callout points to a yellow 'eye' icon next to a submittal entry.

Dashboard

Submittals

Click on "Track Submittal Status" or...

...click on "Submitted" and select the application by clicking on the yellow "eye."

Tracking a Submittal

The 'Submitted Submittals' page shows a list of submittals. A callout points to a yellow 'eye' icon next to a submittal entry, indicating that clicking it will view the submission status.

Click the "eye" icon to view the submission status.

Submittal status includes multiple tabs (below).

Submittal Summary Attachment 1 Issuance Email History Correspondence

1. Submittal Summary

The Submittal Summary tab will display the status of your submission on the right side of the page under Review Flow. After successful submission, the status will change to the Application Received step. If the Review Flow step changes from beige to green, then Asbestos Staff have confirmed receipt of your purchase request.

Submission Tracking

Submitted Submittal Info

2061 [Complete Submittal]

Submittal Summary | Attachment | Issuance | Email History | Correspondence | Payment

Case Review Summary

Payment Due: \$0.00
Fee: \$225.00

Status: Complete Submittal by [User]

Status History:

- by airASB Testing: 2021-07-29 [Submit]
- by airASB Testing: 2021-07-29 [Save]

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☐ Amend

Request Reason

Send Request

Submittal Summary

Asbestos - Worker and Supervisor ID Card

This form shall be used by Accredited Training Providers to obtain

2061

Environmental Air Quality

airASB Testing

ON

07/29/2021 Today

Review Flow

1 Application Received

2 Issue ID Cards

Submittal Documents

Forms/Receipt

- Asbestos - Worker and Supervisor ID Card Purchase
- Receipt of Asbestos - Worker and Supervisor ID Card Purchase

Attachments

Archived Submittals

Submission Tracking

Submitted Submittal Info

2061 [Authority Review Completed]

Submittal Summary | Attachment | Issuance | Email History | Correspondence | Payment

Case Review Summary

Payment Due: \$0.00
Fee: \$225.00

Status: Authority Review Completed by Kara Master 2021-07-29

Status History:

- by airASB Testing: 2021-07-29 [Submit]
- by airASB Testing: 2021-07-29 [Save]

Send the request for Revision/Withdrawal/Amend to the administrator

☐ Revision ☐ Withdrawal ☐ Amend

Request Reason

Send Request

Submittal Summary

Asbestos - Worker and Supervisor ID Card

This form shall be used by Accredited Training Providers to obtain

2061

Environmental Air Quality

airASB Testing

ON

07/29/2021 Today

Review Flow

1 Application Received

2 Issue ID Cards

Submittal Documents

Forms/Receipt

- Asbestos - Worker and Supervisor ID Card Purchase
- Receipt of Asbestos - Worker and Supervisor ID Card Purchase

Attachments

Archived Submittals

2. Issuance Tab

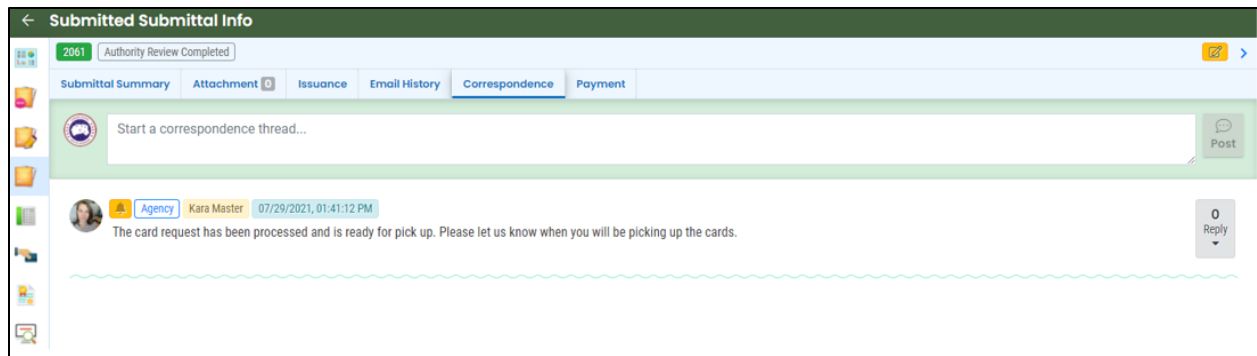
There is no issuance document for this submittal.

1. Email History Tab

The Email History tab will display all email exchanged with the trainer regarding this request.

2. Correspondence Tab

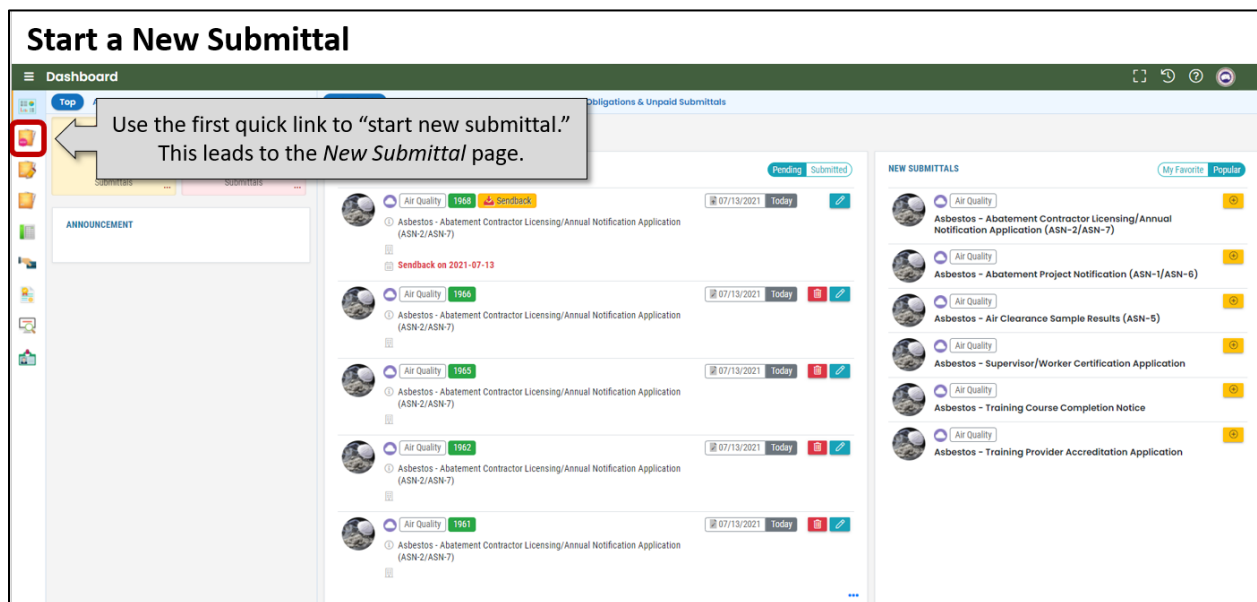
The Correspondence tab allows you to exchange messages with DEQ.



6. Training Course Completion Notice Submittal

1. Starting Training Course Completion Notice

The accredited training provider will initiate a submittal for the Training Course Completion Notice after the end of each training class. A notice is required to report to DEQ the attendees who successfully obtained certification to perform asbestos abatement in Oregon. From your account Dashboard, use quick links to move through the system. From there, follow the steps below to submit the notice online.



Starting a Course Completion Notice

New Submittal

You have 28 unfinished submittals waiting to be finished.

Criteria

Keyword: Submittal Name | Description | Form Code

Programs: ☐ Air Quality ☐ Others

Asbestos - Training Course Completion Notice

This form shall be used by the Accredited Training Provider to submit certification class information to DEQ.

Click the yellow "+" button to get started.

List of Submittal Tabs

Asbestos - Training Course Completion Notice

1. Basic Info 2. Attachment 3. Payment 4. Review 5. Submission

Training Provider

Select Training Provider who will be submitting the information.

Class Location

Student Information

Please Import

During the Import.

Last Imported Date:

No record found.

Send Back Attachments

Submittal Information

Asbestos - Training Course Completion Notice

1. Air Quality 2. Asbestos

1. 140048 New

This form shall be used by the Accredited Training Provider to submit certification class information to DEQ.

Training Providers must comply with the recordkeeping requirements specified in Oregon Administrative Rule (OAR) 340-240-0140(3)(f). Per OAR 340-240-0140(3)(f)(G), training providers must submit certification class information to DEQ within 30 days after the end of each training class or as DEQ directs.

All Attachment Requirements

No attachment required for current submittal.

There are two options for submitting course completion data:

1. Download the Excel spreadsheet template and Import the data.
2. Add each certified worker or supervisor separately using the "+New" button.

Course Completion Notice Tabs

← Asbestos – Training Course Completion Notice

Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Training Provider

Select Training Provider who is completing this Notice

20339 A-Town Asbestos Training Lic No TA-2021-00014 555-555-5555
A-Town Asbestos Training Asbestos - Asbestos Trainer Accreditation 111 Training Way, Portland, OR 97232

Class Location

Portland, OR

Student Information

Click to Download Excel Template
Please select Training Provider first in order to validate data during the import.
Import Student Information Import Last Imported Date:

No record found.

Required

+New

To submit course completion data, click to download the Excel spreadsheet and import the data or click the “+New” button to add the certified workers/supervisors individually.

Option 1 – Import Data:

1. Click on the Excel template to download the spreadsheet.
2. After it downloads, click the document file on the bottom left corner of the screen.
3. Enter course completion data into the spreadsheet and save file.
4. Click “Import” button.
5. Copy and paste data into the left-hand box.
6. Click “Import Data” button.
7. Click “Ok” to overwrite data.

Course Completion Notice – Import Data Option

← Asbestos – Training Course Completion Notice

Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Training Provider

Select Training Provider who is completing this Notice

28539 A-Town Asbestos Training
 Use No: TA-2021-00014
 Asbestos - Asbestos Trainer Accreditation
 555-555-5555
 111 Training Way, Portland, OR 97232

Class Location

Portland, OR

Student Information

1 Click to Download Excel Template

Please select Training Provider first in order to validate data during the import.

Import Student Information Import Last Imported Date:

No record found

Required

New

2 40048-StudentUp...xism

40048-StudentUploadMapping (4).xism - Excel

File Home Insert Page Layout Formulas Data Review View Acrobat Tell me what you want to do...

Clipboard Font Alignment Number Conditional Formatting Styles Cells Editing

SECURITY WARNING: Macros have been disabled. Enable Content

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
First Name	Last Name	Address Line 1	City	State	Zip	Last 4 digits of SSN	Date of Birth	Training Course Type	Training Course Date	Exam Score	Exam Pass/Fail	ID Card #	ID Card Issued Date	ID Card Expiration Date					
Bert	Emile	111 Lumberjack Way	Bend	OR	97701	1233	01/01/1998	Worker Initial	07/26/2021	90	Pass	F91234	07/29/2021	07/29/2022					
Fred	Rodriguez	111 Address Road	Portland	OR	97232	1234	01/01/1999	Worker Initial	07/26/2021	85	Pass	F91235	07/29/2021	07/29/2022					

3 Enter course completion data.

Asbestos - Training Course Completion Notice

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Training Provider

Select Training Provider who is completing this Notice

20539 A-Town Asbestos Training Lic No TA-2021-00014 555-555-5555
 A-Town Asbestos Training Asbestos - Asbestos Trainer Accreditation 111 Training Way, Portland, OR 97232

Class Location

Portland, OR

Student Information

Click to Download Excel Template

Please select Training Provider first in order to validate data during the Import Student Information

4 Import Last Imported Date:

No record found.

Required

New

40045-StudentUploadMapping (4).xlsm - Excel

5 Copy course completion data from spreadsheet...

First Name	Last Name	Address Line 1	City	State	Zip	Last 4 digits of SSN	Date of Birth	Training Course Title	Training Course Date	Exam Score	Exam Pass/Fail	ID Card #	ID Card Issued Date	ID Card Expiration Date
Bert	Wine	111 Lumberjack Way	Bend	OR	97705	5235	01/01/1998	Worker Initial	07/26/2021	90	Pass	P91234	07/26/2021	07/26/2023
Fred	Rodriguez	111 Address Road	Portland	OR	97232	1234	01/01/1999	Worker Initial	07/26/2021	85	Pass	P81235	07/26/2021	07/26/2023

...and paste course completion data from spreadsheet into "Copy & Paste Here" box.

Copy & Paste Here

Asbestos - Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

20539 A-Town Asbestos Training

LIC No: 1A-2021-00014

Asbestos - Asbestos Trainer Accreditation

111 Training Way, Portland, OR 97232

Class Location

Portland, OR

Student Information

[Click to Download Excel Template](#)

Please select Training Provider first in order to validate data during the import.

Import Student Information **Import** Last Imported Date:

COPY & PASTE HERE

Bert Ernie 111 Lumberjack Way
Bend OR 97701 1233
01/01/1998 Worker Initial 07/26/2021
90 Pass F91234 07/29/2021
07/29/2022
Fred Rodgers 111 Address
Road Portland OR 97232 1234
01/01/1999 Worker Initial 07/26/2021
85 Pass F91235 07/29/2021
07/29/2022

PREVIEW

Bert	Ernie	111 Lumberjack Way	Bend	OR	97701	1233	01/01/1998	Worker Initial	07/26/2021	90	Pass	F91234	07/29/2021	07/29/2022
Fred	Rodgers	111 Address Road	Portland	OR	97232	1234	01/01/1999	Worker Initial	07/26/2021	85	Pass	F91235	07/29/2021	07/29/2022

6 **Import Data**

No record found.

Asbestos - Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Student Information

[Click to Download Excel Template](#)

Please select Training Provider first in order to validate data during the import.

Import Student Information **Import** Last Imported Date: 07/29/2021, 03:31:45 PM

COPY & PASTE HERE

Bert Ernie 111 Lumberjack Way
Bend OR 97701 1233
01/01/1998 Worker Initial 07/26/2021
90 Pass F91234 07/29/2021
07/29/2022
Fred Rodgers 111 Address
Road Portland OR 97232 1234
01/01/1999 Worker Initial 07/26/2021
85 Pass F91235 07/29/2021
07/29/2022

PREVIEW

Bert	Ernie	111 Lumberjack Way	Bend	OR	97701	1233	01/01/1998	Worker Initial	07/26/2021	90	Pass	F91234	07/29/2021	07/29/2022
Fred	Rodgers	111 Address Road	Portland	OR	97232	1234	01/01/1999	Worker Initial	07/26/2021	85	Pass	F91235	07/29/2021	07/29/2022

7 **OK** **Cancel**

Import Data

No record found.

Required

New

The imported data is added as an individual record for editing or deletion, if necessary.

Asbestos - Training Course Completion Notice

2063 Open

1 Basic info 2 Attachment 3 Payment 4 Review 5 Submission

Training Provider

Select Training Provider who is completing this Notice

20539 A-Town Asbestos Training
 Lic No TA-2021-00014
 Asbestos - Asbestos Trainer Accreditation
 555-555-5555
 111 Training Way, Portland, OR 97232

Class Location
 Portland, OR

Student Information

Click to Download Excel Template
 Please select Training Provider first in order to validate data during the import.
 Import Student Information **Import** Last Imported Date: 07/29/2021, 03:32:41 PM

	First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date	
1	Bert	Ernie	Worker Initial	07/26/2021	Pass	F91234	07/29/2021	07/29/2022	
2	Fred	Rodgers	Worker Initial	07/26/2021	Pass	F91235	07/29/2021	07/29/2022	

+New

Option 2 – Manual Data Entry:

1. Click “+New” button.
2. Click blue expand arrow under “Student” to view student names. **Note:** Student names will only appear in the dropdown if they submitted an application.
3. Select name of student from expanded dropdown list.
4. Complete required fields that are not auto-populated by the system to finish the form.
5. Click save icon.

Course Completion Notice – Manual Data Entry Option

← Asbestos – Training Course Completion Notice

Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Training Provider

Select Training Provider who is completing this Notice

20539 A-Town Asbestos Training Lic No TA-2021-00014 555-555-5555
A-Town Asbestos Training Asbestos - Asbestos Trainer Accreditation 111 Training Way, Portland, OR 97232

Class Location

Portland, OR

Student Information

[Click to Download Excel Template](#)

Please select Training Provider first in order to validate data during the import.

Import Student Information Import Last Imported Date:

No record found.

1 Required

New

Course Completion Notice – Manual Data Entry Option

← Asbestos – Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Please select Training Provider first in order to validate data during the import.

Import Student Information Import Last Imported Date: 07/29/2021, 03:32:41 PM

First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date

Student

Required.

First Name Last Name

Required. Required.

Address Line 1 City State Zip Code

Required. Required. Required. Required.

Last 4 digits of Social Security Number Date of Birth

Required. Required.

Training Course Type Training Course Date Exam Score Exam Pass/Fail?

Required. Required. Required. Required.

2

Course Completion Notice – Manual Data Entry Option

← Asbestos – Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Please select Training Provider first in order to validate data during the import.

Import Student Information Import Last Imported Date: 07/29/2021, 03:32:41 PM

First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date

3

Student

Type here to filter list...

20540	Beaver State Abatement	Certification No	555-555-5555
	Max Eagle	Asbestos - Asbestos Worker Certification	321 Lumberjack Drive, Corvallis, OR 97330
	01/01/1979	Last 4 SSN	1111
20543	Neighborhood Abatement	Certification No	555-555-5555
	Fred Rodgers	Asbestos - Asbestos Worker Certification	111 Address Road, Portland, OR 97232
	01/01/1999	Last 4 SSN	1234
20544	Sesame Abatement	Certification No	555-555-5555
	Bert Ernie	Asbestos - Asbestos Worker Certification	111 Lumberjack Way, Bend, OR 97701
	01/01/1998		

Found: 3

Required mm/dd/yyyy Required Required Required

Course Completion Notice – Manual Data Entry Option

← Asbestos – Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Please select Training Provider first in order to validate data during the import.

Import Student Information Import Last Imported Date: 07/29/2021, 03:32:41 PM

First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date

Max Eagle

Student

20540	Beaver State Abatement	Certification No	555-555-5555
	Max Eagle	Asbestos - Asbestos Worker Certification	321 Lumberjack Drive, Corvallis, OR 97330
	01/01/1979	Last 4 SSN	1111

First Name Max Last Name Eagle

Address Line 1 321 Lumberjack Drive City Corvallis State OR Zip Code 97330

Last 4 digits of Social Security Number 1111 Date of Birth 01/01/1979

4

Training Course Type Training Course Date Exam Score Exam Pass/Fail?

Required mm/dd/yyyy Required Required Required

← Asbestos – Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date
Max	Eagle	Worker Initial	07/26/2021	Pass	F91236	07/29/2021	07/29/2022

Student

20540 Beaver State Abatement

Max Eagle

01/01/1979

Certification No

Asbestos - Asbestos Worker Certification

Last 4 SSN 1111

555-555-5555

321 Lumberjack Drive, Corvallis, OR 97330

First Name Max

Last Name Eagle

Address Line 1 321 Lumberjack Drive

City Corvallis

State OR

Zip Code 97330

Last 4 digits of Social Security Number 1111

Date of Birth 01/01/1979

Training Course Type Worker Initial

Training Course Date 07/26/2021

Exam Score 90

Exam Pass/Fail? Pass

ID Card # F91236

ID Card Issued Date 07/29/2021

ID Card Expiration Date 07/29/2022

5 Click save.

New

Information entered manually will appear as a new entry. A submittal ID is assigned to the record and used to track the status of the notice.

← Asbestos – Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Select Training Provider who is completing this

20539 A-Town Asbestos Training

Class Location

Portland, OR

Student Information

Click to Download Excel Template

Please select Training Provider first in order to validate data during the import.

Import Student Information

import

Last Imported Date: 07/29/2021, 03:32:41 PM

	First Name	Last Name	Training Course Type	Training Course Date	Exam Pass/Fail?	ID Card #	Issued Date	Expiration Date
1	Bert	Ernie	Worker Initial	07/26/2021	Pass	F91234	07/29/2021	07/29/2022
2	Fred	Rodgers	Worker Initial	07/26/2021	Pass	F91235	07/29/2021	07/29/2022
3	Max	Eagle	Worker Initial	07/26/2021	Pass	F91236	07/29/2021	07/29/2022

New

Once Basic Info is complete and is saved, a submittal ID # will be generated by the system.

II. Attachments

There are no required attachments for this notice.

III. Make a Payment

No payment is required for this submittal.


IV. Review Submittal

The Review tab allows the applicant to download a PDF copy of their course completion notice to review the information prior to final submission. The Review tab will also indicate if there are any remaining fields to complete.

The screenshot shows the 'Review Tab' interface for 'Asbestos - Training Course Completion Notice'. The top navigation bar includes tabs for 'Basic Info', 'Attachment', 'Payment', 'Review' (selected), and 'Submission'. A yellow banner at the top states: 'Review your submittal and any attachments. Save any changes you have made before returning to this page, and proceed to the Submission page.' Below this, the 'Submittal Form(s) Summary' section contains a green box with the text: 'Please check if the following sections are completed. Click on the PDF (PDF icon) hyperlink to open/save/print the PDF form.' A red box highlights the PDF icon, with an arrow pointing to a callout box. The callout box contains the text: 'Click to review the notice before submitting. If any changes are needed, navigate to the Basic Info tab to make those changes. Always click "save".' The 'Payment' section shows a table with columns for Fee, Service, Paid, and Due, with values of \$0.00 for Fee and Service. The 'Mandatory Attachment' section states 'Attachments are not required for'. The 'Uploaded Attachment' section is empty. On the right side, the 'Submittal Information' section shows 'Asbestos - Training Course Completion Notice' with fields for 'Air Quality' (Asbestos) and 'ID' (140048). Below this, a note states: 'This form shall be used by the Accredited Training Provider to submit certification class information to DEQ. Training Providers must comply with the recordkeeping requirements specified in Oregon Administrative Rule (OAR) 340-248-0140(3)(f). Per OAR 340-248-0140(3)(f)(G), training providers must submit certification class information to DEQ within 30 days after the end of each training class or as DEQ directs.' The 'All Attachment Requirements' section states 'No attachment required for current submittal.'

Sample PDF file

Review Tab: Completion Notice PDF



Asbestos Trainer Accreditation
ASBESTOS - TRAINING COURSE COMPLETION NOTICE
Department of Environmental Quality, State of Oregon
700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 503-229-5437 7/29/2021

DEQ USE ONLY
Submittal ID: 2063 Submitted Date:

Owner
Public User **airASB Testing** Phone **503-229-5696**
Employer **Oregon DEQ** Address **250 Bowie Ave , Toronto, ON M6E 4Y2**
JobTitle **SME Testing Group** Email **sony_su@enfotech.com**

Training Provider
Select Training Provider who is completing this Notice
A-Town Asbestos Training
Provider **Freddie Falcon** Phone **555-555-5555**
Licence No **TA-2021-00014** Address **111 Training Way, Portland, OR 97232**
Permit Type **Asbestos - Asbestos Trainer Accreditation** Email **email@email.com**
Class Location **Portland, OR**

First Name	Last Name	Training Type	Training Date	Exam Pass/Fail	ID Card #	Issued Date	Expiration Date
Bert	Ernie	Worker Initial	07/26/2021	Pass	F91234	2021-07-29	2022-07-29
Fred	Roddgers	Worker Initial	07/26/2021	Pass	F91235	2021-07-29	2022-07-29
Max	Eagle	Worker Initial	2021-07-26	Pass	F91236	2021-07-29	2022-07-29

V. Complete the Submittal

On the Submission tab, the Responsible Official is in charge of certifying. Answer your account security question and PIN number. These were part of the account registration process.

Submission Tab

Asbestos - Training Course Completion Notice
2063 Open
1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission
Certification Statement
Declaration of accuracy information provided: *
I hereby certify that the information contained in this submittal is true, accurate and complete.
☒ I have read and agree to the above certification statement
Security Question & PIN Number
Security Question: what is the name of your home town newspaper? *

☐ Show Question Answer
PIN: *

Security Precautions
To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.
Disclaimer

Check the acknowledgement box and answer your security question and PIN number.

Next, click the now activated “Submit”.

Submission Tab

← Asbestos - Training Course Completion Notice

2063 Open

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Certification Statement

Declaration of accuracy information provided: *

I hereby certify that the information contained in this submittal is true, accurate and complete.

☒ I have read and agree to the above certification statement

Security Question & PIN Number

Security Question: what is the name of your home town newspaper? *

☐ Show Question Answer

PIN: *

Security Precautions

To prevent your information from being used inappropriately, we maintain stringent system safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsible for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, may be terminated by our discretion at any time.

Disclaimer

The system, its agencies, officers, or employees protect your confidential information. However personally identifiable information privacy is a new and evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. The development company specifically disclaims any and all liabilities from damages which may result from accessing the website, or from reliance upon any such information.

Submit

Completing the fields activates the “Submit” button.

Submission Confirmation

Submission Confirmation

← Asbestos - Training Course Completion Notice

2063 Complete Submittal

1 Receipt

Submission Successful

Confirmed!

Confirmation of Submittal: 1. Your application has been received and will be reviewed shortly. 2. Check your account, email and text message for system notification at various mile stones.

Please click **Print** to print your receipt

Submittal Summary

Submittal ID:	2063	Submitted Date:	2021-07-29
Submitted By:	airASB Testing 503-229-5696 sony_su@enfotech.com	Owner Information:	airASB Testing 503-229-5696 sony_su@enfotech.com

Form Detail

Submittal Name:	Asbestos - Training Course Completion Notice	Submitted Method:	Online Submission
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Asbestos - Training Course Completion Notice

2063 Complete Submittal

Receipt

Submission Successful

Confirmation of Submittal: 1. Your application has been received. Please click **Print** to open your Submittal Receipt.

Submittal Summary

Submittal ID: 2063 Submitted Date: 2021-07-29
 Submitted By: airASB Testing 503-229-5696 sony_su@enfotech.com Owner Information: airASB Testing 503-229-5696 sony_su@enfotech.com

Form Detail

Submittal Name: Asbestos - Training Course Completion Notice Submitted Method: Online Submission

Payment Detail

Payment Date	Fee Amount	Paid Amount	Payment Method
Total:	0	0	

Certification

Certification Statement: I hereby certify that the information contained in this submittal is true, accurate and complete.
 Certification Question: what is the name of your home town newspaper?
 Certification Question Answer: *****
 PIN Number: *****
 Responsible Official: airASB Testing
 Sender IP Address: 159.121.206.56

Attachment List

Finish **Print**

Submittal Receipt: Completion Notice PDF

Submittal Receipt

DEQ Department of Environmental Quality, State of Oregon
 700 NE Multnomah Street, Suite 600 Oregon, OR 97232-4100 Create Date: 7/29/2021

Submittal Summary Submittal ID: 2063

Application: Asbestos - Training Course Completion Notice
 Submitted By: airASB Testing Email: sony_su@enfotech.com
 Owner Information: airASB Testing Email: sony_su@enfotech.com
 Submitted Date: 07/29/2021

Form Detail

Submittal Name: Asbestos - Training Course Completion Notice
 Submission Method: Online

Payment Information

There is no payment due at this time.

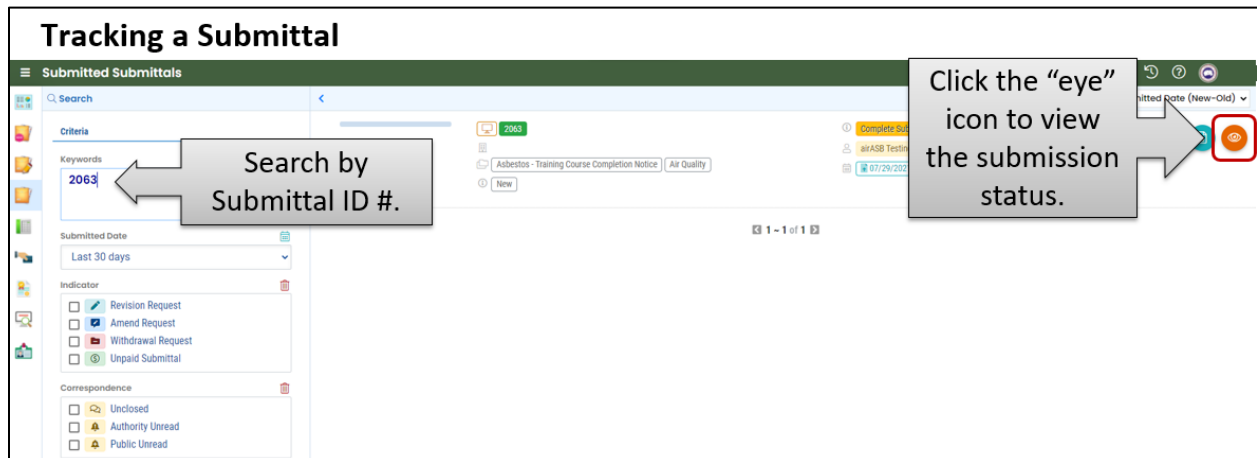
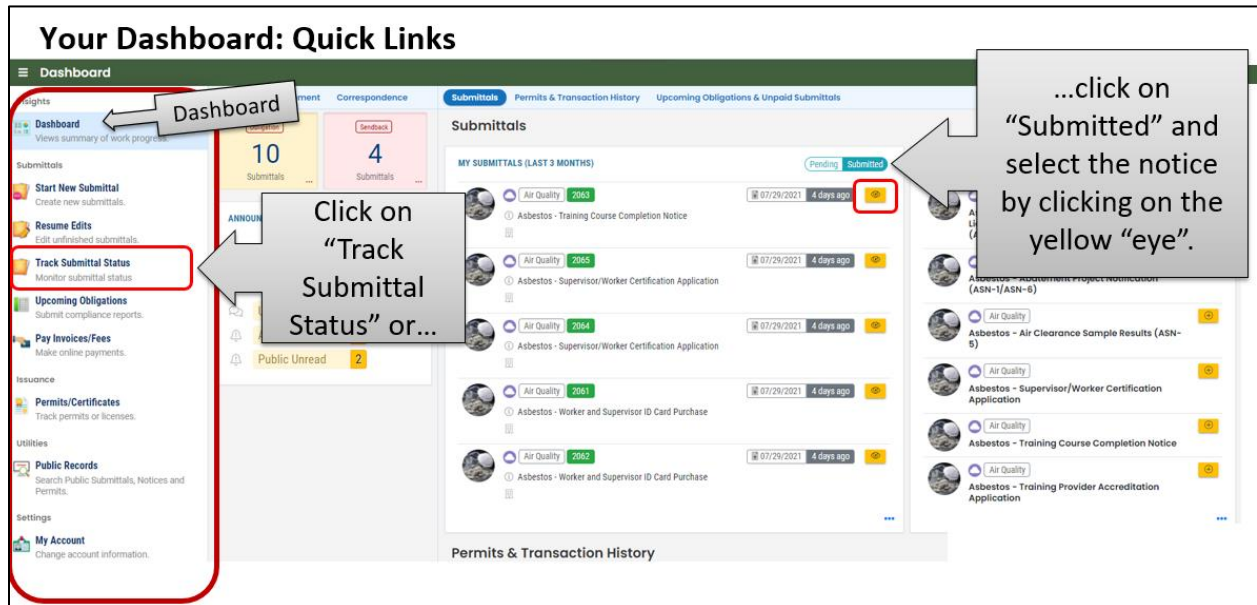
Certification

Certification Statement: I hereby certify that the information contained in this submittal is true, accurate and complete.
 Certification Question: what is the name of your home town newspaper?
 Certification Question Answer: *****
 PIN Number: *****
 IP Address: 159.121.206.56

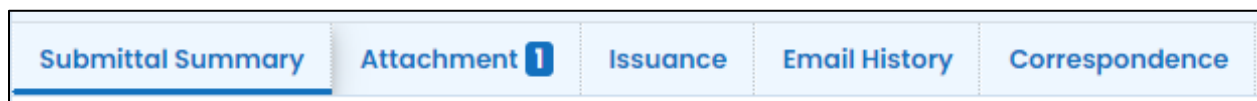
Responsible Official: airASB Testing

VI. Tracking Submittal Status

Once you have completed the submittal, open the Track Submittal Status page by using the navigation pane on the left side of the dashboard screen. Next to the submittal, there will be an “eye” icon to view the status of the submission.

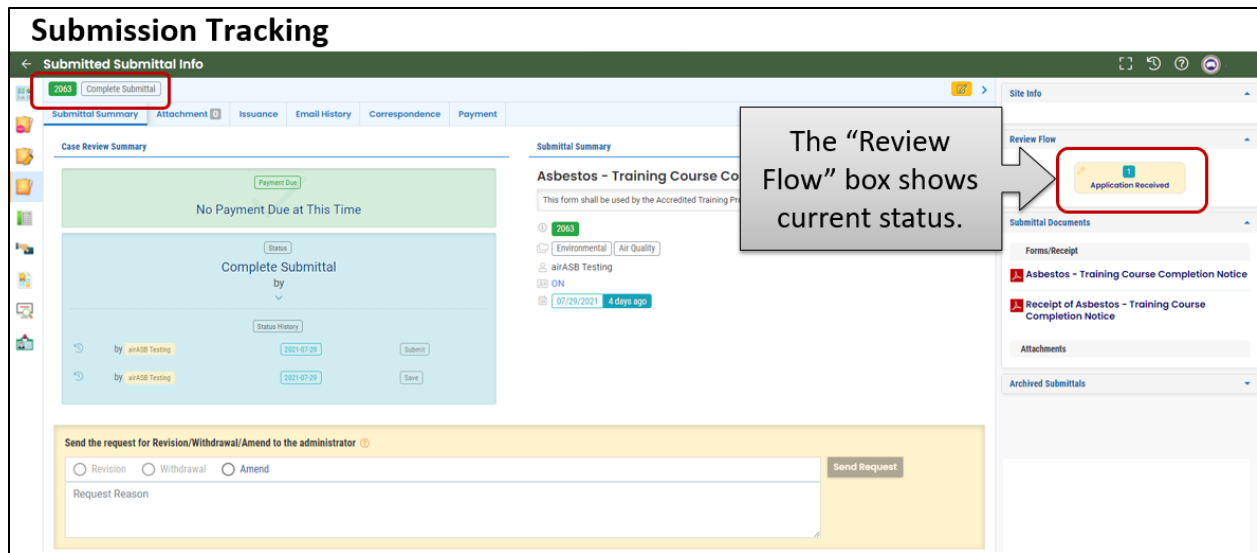


Submittal status is displayed in multiple tabs.



Submittal Summary

The Submittal Summary tab will display the status of your submission on the right side of the page under Review Flow. After successful submission, the status will change to the Application Received step. If the Review Flow step changes from beige to green, then Asbestos Staff have confirmed receipt of your completed course notice.



Email History Tab

The Email History tab will display all email exchanged with DEQ regarding this submission.

Correspondence Tab

The Correspondence tab allows you to exchange messages with DEQ.

7. Helpdesk and Resources

If you have questions about this submittal process or other concerns regarding the use of our DEQ Online system, please consult the [Help page](#) or contact Your DEQ Online Helpdesk.

For more information, training and resources, go to Your DEQ Online Help:

<https://yourdeqonlinehelp.oregon.gov>

For technical assistance:

[Your DEQ Online Helpdesk](#)

(Not compatible with Internet Explorer)

For Your DEQ Online questions:

503-229-6184

YourDEQOnline@deq.state.or.us

For Asbestos Program Training questions:

DEQNWRasbestos@deq.state.or.us