RI Department of Health
3 Capitol Hill, Room 104
Providence, RI 02908-5097
www.health.ri.gov

# RI Department of Health

## Application and Instructions for:

Asbestos Abatement Contractor

**DO NOT DUPLICATE THIS FORM**
**PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov

- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Health Professionals Regulation
Room 104 - 3 Capitol Hill
Providence, RI 02908-5097

1. $1,950.00 (One thousand nine hundred and fifty-dollar) license fee. Payment should be submitted in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Completed, signed Site Supervisor application(s) with required documentation and fees as specified in the Site Supervisor application.
3. Attachments as specified below

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| **Attachments:** | 1. **Permanent Workers (Optional)** – Provide the name(s) and license number(s) of each prospective Asbestos Abatement Worker under your employ. |
| | 2. **CPR/First Aid Personnel:** - Provide name(s) of the individual(s) certified in CPR and Basic First aid. Attach a copy of the current training certificate(s) of successful completion of the appropriate CPR and/or First Aid Course. |
| | 3. **Asbestos Abatement Projects:** Provide a summary of all previous asbestos abatement projects, which the applicant has completed or is in the process of performing. If the applicant has been the asbestos contractor for more than 15 asbestos abatement projects within the last two years, the summary need only include the 15 most recent asbestos abatement projects. This summary must include location, dates and approximate dollar value and/or number of linear/square feet of asbestos material included in the project. |
| | 4. **Financial Qualifications/Bonding** – Describe the bonding or other financial assurance arrangement used by the applicant to ensure performance with the requirements of any asbestos abatement project that the applicant will undertake. This description shall include, the name and address of the bonding agency(s) used, as well as the applicant's per-job and aggregate bonding limits. If the applicant intends to use some form of financial assurance in lieu of bonding, the description shall contain sufficient details for the Agency to determine that the applicant has adequate financial resources to abate asbestos in a proper manner. |
| | 5. **Respiratory Protection Program** – Attach a copy of the applicant's respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134 and 29 CFR 1926.1101 to be conducted under this license. The attachment must also specify minimum qualifications that will be required of individuals conducting qualitative and quantitative fit tests. |
| | 6. **Type of Activity** – Identify the type(s) of asbestos abatement activity for which you are applying. Unless otherwise specified, it will be assumed that the application is for "Removal, encapsulation or enclosure or asbestos containing materials in accordance with Part B of the Rhode Island Rules and Regulations for Asbestos Control". |

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
https://healthri.mylicense.com/Verification

# State of Rhode Island and Providence Plantations
## Department of Health

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| **Name of Business**:<br><br>This is the legal entity in whose name the license should be issued and who is legally responsible. | Name: _____ |
| **Contact Person**: | Name: _____<br>Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III) |
| **Mailing Information**:<br><br>Please provide the mailing information for all communication regarding this license. | Address Line 1 _____<br>Address Line 2 _____<br>Address Line 3 _____<br>Address City, State, ZipCode _____<br>Address Country _____<br>Phone: _____<br>Fax: _____<br>Email Address: _____ |
| **Location Information**:<br><br>Please provide the location information regarding this license. | Address Line 1 _____<br>Address Line 2 _____<br>Address Line 3 _____<br>Address City, State, ZipCode _____<br>Address Country _____<br>Phone: _____<br>Fax: _____<br>Email Address: _____ |
| **Ownership Type**:<br><br>Please check ONE | ☐ Corporation ☐ Limited Liability Company<br>☐ Governmental Entity ☐ Sole Proprietorship<br>☐ Partnership ☐ Limited Partnership<br>☐ Partner |
| **Ownership Information:**<br><br>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity. | Name: _____<br><br>DBA: _____ |

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| **Ownership Address Information**:<br><br>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity. | Address Line 1 _____<br>Address Line 2 _____<br>Address Line 3 _____<br>Address City, State, Zipcode _____<br>Phone: _____<br>Fax: _____<br>Email Address: _____ |
| **Permanent Workers:**<br><br>**(See instructions for required documents)** | Name: _____ License No: _____<br>Name: _____ License No: _____<br>**(Attaching a list of this information is acceptable – Please label it Workers)** |
| **CPR and First Aid Personnel:**<br><br>**(See instructions for required documents)** | Name: _____ Name: _____<br><br>**(Attaching a list of this information is acceptable – Please label it CPR/First Aid Personnel)** |
| **Asbestos Abatement Projects:** | Provide a summary of all asbestos abatement projects, which the applicant has completed or is in the process of performing.<br><br>**(See instructions for specific details required)** |
| **Financial Qualifications/Bonding:** | Describe the bonding or other financial assurance arrangement used by the applicant to ensure performance with the requirements of any asbestos abatement project that the applicant will undertake.<br><br>**(See instructions for specific details required)** |
| **Respiratory Protection Progam:** | A copy of the applicant's respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134 and 29 CFR 1926.1101, and which will be used at all asbestos abatement projects conducted under this license is attached.<br>☐ Yes ☐ No |
| **Worker Protection Program:** | A. Personal protective equipment and clothing for employees will be in accordance with OSHA 29 CFR 1101(i) ☐ Yes ☐ No<br><br>B. Any employee or agent, who may be exposed to airborne asbestos, will be medically monitored in accordance with the requirements of OSHA 29 CFR 1101 (m), prior to engaging in any asbestos abatement activity. ☐ Yes ☐ No<br><br>C. Representative air monitoring, in accordance with OSHA 29 CFR 1101 (f), will be provided for employees during asbestos abatement activities. ☐ Yes ☐ No |
| **Types of Asbestos Abatement Activity Requested:** | _____<br>_____<br>_____<br>_____<br>_____<br>**(See instructions for specific details required)** |
| **Enforcement Actions in Other Jurisdictions:**<br><br>**If yes, please see instructions for specific details required** | Has any federal, state or local jurisdiction ever revoked or suspended an asbestos contractor license and/or authorization to perform asbestos abatement held by the applicant? ☐ Yes ☐ No<br><br>Has any federal, state or local jurisdiction ever imposed criminal or civil penalties in conjunction with an asbestos abatement project performed by the applicant? ☐ Yes ☐ No<br><br>Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with an asbestos abatement project performed by the applicant? ☐ Yes ☐ No<br><br>_____<br>_____ |

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| **SSN/FEIN:**<br><br>**(Social Security Number/Federal Employer Identification Number)**<br><br>**Please note if you are a sole proprietor this number may be your SSN.** | **Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**<br><br>☐☐☐☐☐☐☐☐☐☐☐☐☐ |
| **Affidavit of Applicant**<br><br>Read, sign, and date this affidavit. | **I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island. I further declare that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**<br><br>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.<br><br>**Signature** — **Date of Signature (MM/DD/YY)** |

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