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 Worker

**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. $30.00 (thirty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

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| **Documentation of Required Training** | Attach copy of certificate(s) indicating successful completion of all training required by Section B.3.1 of the Rules and Regulations for Asbestos Control. Any training course taken earlier than ONE (1) year prior to application must be supplemented by an Agency approved Annual Review Course. |

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.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

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**:<br><br>This is the name that will be printed on your License and reported to those that inquire about your License.<br><br>Do not use nicknames, etc. | Name: _____<br>Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III) |
| **Date/Place of Birth:** | Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐<br>Month Day Year<br><br>Place of Birth: _____ |
| **Gender:** | Male ☐ Female ☐ |
| **Residence Information**:<br><br>It is your responsibility to keep the Department apprised of all address and phone number changes.<br><br>**(Not published on the HEALTH web site**). | 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: _____ |
| **Business/Employment Information**: | Company Name _____<br>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: _____ |
| **SSN:**<br><br>**(Social Security Number)** | **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>SSN: ☐☐☐ - ☐☐ - ☐☐☐☐ |

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| **Enforcement Actions:**<br><br>**If Yes, please provide details. Attach a separate sheet if necessary** | 1. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos abatement worker license and/or authorization to function as an asbestos worker held by the applicant?<br>☐ Yes ☐ No<br><br>2. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant?<br>☐ Yes ☐ No<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| **Affidavit of Applicant**<br><br>Read, sign, and date this affidavit. | **<u>This Application Must be Signed by the Applicant</u>**<br><br>**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.**<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>_____ _____<br>**Signature** **Date of Signature (MM/DD/YY)** |

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