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 Training Courses

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 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 and fee(s) made payable to General Treasurer, State of Rhode Island should be submitted to the address listed below. Please do not drop off applications to the office.

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

Asbestos Training Course(s) Submitted (check ALL applicable items): **Attach documentation to demonstrate compliance with the appropriate sections of subpart D.1 of the Rhode Island Rules and Regulations for Asbestos Control. Each attachment must clearly identify the specific paragraph(s) being addressed.**	**CHECK ALL THAT APPLY** ☐ 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b)) ☐ 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a)) ☐ 24 Hour Initial Asbestos Inspection Services (EPA Model Plan) ☐ 24 Hour Initial Asbestos Project Designer (EPA Model Plan) ☐ 16 Hour Initial Asbestos Management Planner (EPA Model Plan) ☐ 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a)) ☐ 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c)) ☐ 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan) ☐ 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c)) ☐ 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c)) ☐ 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan) ☐ 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan) ☐ 8 Hour Project Designer Annual Review (EPA Model Plan)

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

Facility Name: Please provide the name of the facility (as known to the public) for which this certificate is being requested.	Name: _____
Facility Contact: Please provide the facility. Phone, Fax and Email Information	Contact Name: _____ Phone Number: _____ Fax Number: _____ Email Address: _____
Facility <u>Mailing</u> Information: Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information (**Not published on HEALTH website**).	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
Facility Location Information Please provide the location information for this facility (**Published on HEALTH website**).	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
Ownership Type: Please check ONE	☐ Corporation ☐ Limited Liability Company ☐ Governmental Entity ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Partner
Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____ DBA: _____

Ownership Address Information: 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 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, Zipcode _____ Phone: _____ Fax: _____ Email Address: _____
Asbestos Training Course(s) Submitted (check ALL applicable items): **Fees should be in the form of a check or money order, payable to "General Treasurer, State of RI"**	**CHECK ALL THAT APPLY – THEN TOTAL THE FEES** ☐ Amendment Fee (per course) @**$60.00** ☐ Application Fee (per course) @**$100.00** ☐ 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b)) @**$980.00** ☐ 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a)) @**$780.00** ☐ 24 Hour Initial Asbestos Inspection Services (EPA Model Plan) @**$590.00** ☐ 24 Hour Initial Asbestos Project Designer (EPA Model Plan) @**$590.00** ☐ 16 Hour Initial Asbestos Management Planner (EPA Model Plan) @**$390.00** ☐ 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a)) @**$390.00** ☐ 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c)) @**$300.00** ☐ 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan) @**$300.00** ☐ 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c)) @**$300.00** ☐ 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c)) @**$300.00** ☐ 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan) @**$170.00** ☐ 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan) @**$170.00** ☐ 8 Hour Project Designer Annual Review (EPA Model Plan) @**$300.00** **TOTAL FEE(S) SUBMITTED: $**_____
Enforcement Actions in Other Jurisdictions: **If yes, to any of these questions please provide details. Attach a separate sheet if needed.**	1. Has any federal, state or local jurisdiction ever revoked, suspended, an asbestos training certificate and/or other authorization to conduct asbestos training held by the applicant and/or any principal in the applicant's organization? ☐ Yes ☐ No 2. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant and/or any principal in the applicant's organization? ☐ Yes ☐ No _____ _____
SSN/FEIN: **(Social Security Number/Federal Employer Identification Number)** **If you are a sole proprietor this number may be your 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.** ☐☐☐☐☐☐☐☐☐☐☐☐☐
Affidavit of Applicant Read, sign, and date this affidavit. **This Application Must be Signed by the Applicant**	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 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. _____ _____ **Signature** **Date of Signature - (MM/DD/YY)**