



# Application for Replacement of Asbestos Certification Card

**Return completed form to:**  
Asbestos Certification Program  
PO Box 44614  
Olympia WA 98504-4614

This application is only for the replacement of a lost or stolen asbestos certification card. Mail your application and fee to the address listed above or take this application to an [L&I Service Location](#).

**Application for replacement of a:**

Supervisor Card — \$65 Replacement Fee

Worker Card — \$45 Replacement Fee

Name (Last, First, Middle Initial)		Certificate Number
Address		Social Security Number (For ID Only)
City	State	Zip Code
Home Phone Number	Work Phone Number	Date of Birth
Has your name changed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list your previous name:		
Reason for Request:		

I hereby certify that the statement on this application are true and accurate to the best of my knowledge.

*Note: Permitting the use of one's own accreditation certificate by another is fraud and is justification to revoke the certificate or deny renewal of the certificate. See [Chapter RCW 49.26.110.4.a](#).*

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Questions? Call 360-902-5435**