

Department of Labor and Industries
 Asbestos Certification Program
 PO Box 44614
 Olympia WA 98504-4614
 360-902-5435



Asbestos Supervisor Affidavit of Experience

Please read the following information **before** completing the affidavit form.

- To qualify for an Asbestos Supervisor Certificate, an individual must have at least 1,600 hours of experience in compliant asbestos work (see [WAC 296-65-012 \(1\)](#)).
- Applicants must complete the required and certified hours **before** they enroll in a Washington State 40-Hour Asbestos Supervisor 'Initial' Certification course.
- There can be no errors, whiteouts, alterations, or additions on this form. You must submit the original.
- The department cannot credit hours worked during any times that Asbestos Worker was not active.
- The department will verify hours within Employment Security Database and cannot credit hours that have not been reported.
- The department cannot credit hours worked during any times that the Contractor Certificate was not active.
- A separate affidavit is required for each company under which hours were accrued.

I, _____ affirm and certify that
Print Name of Owner or Authorized Contractor

_____ has worked as an employee of
Name of Applicant Certificate or Social Security Number

_____ performing asbestos work from _____ to _____
Print Name of Company UBI or License Number

_____ to _____
Month Day Year Month Day Year

and has gained _____ hours during that time.
Total Hours

The experience was gained in the category indicated below for the number of hours shown.

	Hours	<i>Specify skills transferable to asbestos work.</i>
<input type="checkbox"/> Asbestos Abatement	_____	_____
<input type="checkbox"/> Operations & Maintenance Program Supervisor	_____	_____
<input type="checkbox"/> Asbestos Project Design	_____	_____
<input type="checkbox"/> Asbestos Construction Project Supervision	_____	_____
<input type="checkbox"/> Consultation on Asbestos Abatement Projects	_____	_____

I hereby certify that the statements on this affidavit are true and accurate.

_____ _____ _____
Print Name of Applicant Applicant Signature Date

This section must be notarized.

I hereby certify that the statements on this affidavit are true and accurate.

_____ _____
Signature of Owner or Authorized Contractor Representative Date

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp
