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



Asbestos Supervisor Certified Application

Please print in ink or type. Return the *notarized copy only* to the L&I Asbestos Certification Program (address above). The application must be complete or it will not be processed. You also must enclose a check or money order for \$65 payable to the Department of Labor & Industries.

Initial Supervisor Certification — You must wait for your official certified card to arrive before doing work that requires supervisor certification. The affidavit of experience will be validated prior to issuance of the certificate. Allow up to 8 weeks for processing and mailing.

Supervisor Renewal Certification — Your copy of this completed application is your temporary certification and is valid for six weeks from the successful completion of the course. You can do asbestos project work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-012 for Asbestos Supervisor certification requirements.

| Last Name | | | First Name Middle Initial | | | | Middle Initial | |
|---|------------------------------|-------------------|---|---|-----------------|-------------------|----------------|--|
| Date of Birth | | | | Social Security # (Required by RCW 26.23.150) | | | | |
| Mailing Address | | | | | | Apt. # | | |
| City | | | State | | Zip | Zip Code | | |
| Email Address | | | Home Phone Number | | Wo | Work Phone Number | | |
| Have you been certified in Washington before? Yes No | | | If certified under a different name, please list: | | | | | |
| Sign in front of a notary public. | | | | | | | | |
| I hereby certify that the statements on this application are true and accurate to the best of my knowledge. | | | | | | | | |
| Applicant's Signature | | | | Date | | | | |
| Subscribed and sworn to before me this date | | | | Notary Seal or Stamp | | | | |
| Notary public signature | | | | | | | | |
| For the state of | | | | | | | | |
| Residing at | | | | | | | | |
| Title | | | | | | | | |
| My commission expires | | | | | | | | |
| For Instructor Use Only | | | | | | | | |
| Initial application must be received by the Department no later than 60 days after the completion date of the course. | | | | | | | | |
| Provider's Name | | Instructor's Name | | | Course Start Da | | se End Date | |
| I certify that the above applicant has successfully completed a state-approved asbestos training course. ☐ Initial ☐ Refresher ☐ Test Score: % | | | | | | | | |
| Previous Certification # | Expiration Date Today's Date | | | Instructor's Signature | | | | |
| For L&I Use Only | | | | | | | | |
| Certification Number ABAS | | | | | | | | |
| Transaction ID | | | | Expiration Date | | | | |
| · | | | | | | | | |