



[www.dshs.state.tx.us/asbestos](http://www.dshs.state.tx.us/asbestos)  
 In Texas Only: (800) 572-5548  
 Local (512) 834-6600  
 Fax: 512-834-6614

**FOR DSHS USE ONLY**  
**BUDGET/FUND: ZZ112-178**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Asbestos License Application/Renewal  
 Abatement Supervisor**

<b>DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY</b>		
Rcvd Date: _____ Init. _____	<b>PLACE PHOTO HERE</b>	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____		Expiration Date: _____ Init _____
Rvw Date: _____ Init _____		Print Date: _____ Init _____
Aprv Date: _____ Init. _____		Mail Date: _____ Init _____

**PLEASE COMPLETE THE FOLLOWING:**

**If renewing:** Enter your current license/registration number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Applicant Name: (First, M.I., Last) \_\_\_\_\_ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) \_\_\_\_\_

( \_\_\_\_\_ )  
 Telephone Number (including area code) \_\_\_\_\_ Date of Birth: (month/day/year) \_\_\_\_\_

Applicant's Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**License Mailing Address (include apartment #)** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Company Affiliation (if applicable) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Company Affiliation Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATION:** I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Mailing address for applications containing money:**

Department of State Health Services - MC 2003  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

**Mailing address for all other mail:**

Department of State Health Services – MC2835  
 Environmental & Sanitation Licensing Group  
 1100 West 49<sup>th</sup> Street  
 Austin, Texas 78756

## IMPORTANT INFORMATION

- **To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.**
- You may pay for your license online at <http://www.texas.gov> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.
- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee

The following documentation is required for licensure in accordance with  
§295.46 of the Texas Asbestos Health Protection Rules:

### LICENSE FEES: (Two year term)

- NEW/RENEW: License Fee: \$655.00
- EXPIRED FOR 90 DAYS OR LESS: (1.5 times license fee) License fee: \$977.50
- EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: (2 times license fee) License fee: \$1,300.00

### REQUIREMENTS FOR A NEW LICENSE:

- 1. The required license fee. (See fees above.)
- 2. A 1" x 1" photograph of the face with white background
- 3. A copy of applicant's training certificate from a Department-approved training provider for the asbestos contractor/supervisor initial course and subsequent refreshers
- 4. A copy of the training identification card
- 5. Proof of successfully passing the department examination for asbestos contractors and supervisors
- 6. A copy of physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only
- 7. Verifiable written documentation must be provided for at least 90 days of legally qualified work experience performed within the past 24 months. Example format provided below

### REQUIREMENTS FOR LICENSE RENEWAL:

- 1. The required license fee. (See fees above.)
- 2. A 1" x 1" photograph of the face with white background
- 3. A copy of applicants training certificate from a Department-approved training provider for the asbestos contractor/supervisor refresher courses
- 4. A copy of the asbestos contractor/supervisor training identification card
- 5. A copy of a physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only

#### Sample Format for Asbestos Related Experience

Start & Completion Date Project Name and Address	Description Of Work Performed	Contact Name Phone Number

### PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)