



[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**  
**Individual Consultant**

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY		
Rcvd Date: _____ Init. _____  Post Mark Date: _____  Rvw Date: _____ Init _____  Aprv Date: _____ Init. _____	<b>PLACE PHOTO HERE</b>	Amt Rcvd: \$ _____ FY: _____  Expiration Date: _____ Init _____  Print 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 Home Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

( \_\_\_\_\_ )  
 Company Affiliation \_\_\_\_\_ 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 MC 2835  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

# 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 §295.47 of the Texas Asbestos Health Protection Rules:

### **LICENSE FEES: (Two year term)**

- NEW/RENEW: 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 Project Designer, Inspector, Management Planner, and Air Monitoring Technician initial course
- 4 A copy of the current training identification card
- 5 Proof of successfully passing the department's examination for individual consultant
- 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 evidence of one of the following
  - 1 A current registration in the State of Texas as an architect or professional engineer
  - 2 A current highest full-qualification membership in a national professional organization devoted to technical proficiency in environmental or occupational health protection which includes
    - a. A published code of ethics
    - b. Administration by an active board of directors, and
    - c. Admission requirements that specify college courses and other training, a bachelor's or higher degree, at least three years of experience in specified fields, and a qualification examination (examples include the American Academy of Industrial Hygiene and the Board of Certified Safety Professionals), or
  - 3 Possession of a bachelor's degree in architecture, engineering, physical or natural science from an accredited four-year college or university, and four years of experience in areas affecting environmental or occupational health matters
- 8 Verifiable documentation of asbestos-related activity in conjunction with at least six asbestos abatement projects covering a period of at least a year within the past seven years. All asbestos work must be documented as having been performed under the applicable licensed or accredited rules or regulations. **Example format provided below**
- 9 If working for hire, provide proof of professional liability insurance coverage in the amount of \$1 million for errors and omissions, or be covered under an employer's policy as required by §295.40 of this title (relating to Licensing and Registration: Insurance Requirements)

### **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 applicant's current training certificate from a Department-approved training provider for the asbestos Project Designer, Inspector, Management Planner, and Air Monitoring Technician refresher courses
- 4 A copy of the current training identification cards
- 5 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
- 6 If working for hire, provide proof of professional liability insurance coverage in the amount of \$1 million for errors and omissions, or be covered under an employer's policy as required by §295.40 of this title (relating to Licensing and Registration: Insurance Requirements)

### **Sample Format for Asbestos Related Experience**

Project Start/End Dates Name and Location	Description of Project	Licensed Person and 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.)