



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 Management Planner

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY		
Rcvd Date: _____ Init. _____ Post Mark Date: _____ Rvw Date: _____ Init _____ Aprv Date: _____ Init. _____	PLACE PHOTO HERE	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

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 §295.51 of the Texas Asbestos Health Protection Rules:

LICENSE FEES: (Two year term)

- NEW/RENEW: License Fee: \$268.00
- EXPIRED FOR 90 DAYS OR LESS: (1.5 times license fee) License fee: \$398.00
- EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: (2 times license fee) License fee: \$528.00

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 training certificate from a Department-approved training provider for the asbestos inspector and management planner initial courses and subsequent refreshers
- 4 A copy of the asbestos inspector and management planner training identification card
- 5 Proof of successfully passing the department's examination for individual management planner
- 6 A copy of an associate's degree from an accredited college or university or successfully complete a minimum of 60 credit hours from an accredited college or university
- 7 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
- 8 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)
- 9. Verifiable work experience that includes participation in the preparation of (5) management plans under the direction of a licensed management planner or licensed asbestos consultant

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 inspector and management planner refresher courses
- 4 A copy of the asbestos inspector and management planner training identification card
- 5 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)
- 6 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

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.)