



[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  
 Operations and Maintenance Supervisor (Restricted)**

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 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:**

Regulatory Licensing Unit MC 2003  
 Department of State Health Services  
 PO Box 149347  
 Austin, Texas 78714-9347

**Mailing address for all other mail:**

Regulatory Licensing Unit MC 2835  
 Department of State Health Services  
 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.TexasOnline.com> 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 §295.44 of the Texas Asbestos Health Protection Rules:**

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

- NEW/RENEW: License Fee: \$231.00
- EXPIRED FOR 90 DAYS OR LESS: License fee: \$343.50
- EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: License fee: \$456.00

#### 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 certificate of training from a Department-approved training provider for the asbestos contractor/supervisor initial course and subsequent refreshers
- 4 A copy training identification card
- 5 Proof of successfully passing the department's examination for contractor/supervisor
- 6 A copy of physician's statement performed 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

#### 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 certificate of training from a Department-approved training provider for the asbestos contractor/supervisor refresher course
- 4 A copy training identification card.
- 5 A copy of physician's statement performed 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.)