



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
 Project Manager**

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

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

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

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

Company Affiliation (if applicable) _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I hereby 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.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 §295.49 of the Texas Asbestos Health Protection Rules:

LICENSE FEES: (Two year term)

- New/Renew: License Fee: \$328.00
- Expired For 90 Days or Less: License Fee: \$488.00
- Expired For More than 90 Days But Less than One Year: License Fee: \$648.00

REQUIREMENTS FOR A NEW LICENSE:

- The required license fee. (See fees above.)
- A 1" x 1" photograph of the face with white background
- A copy of applicant's training certificate from a Department-approved training provider for the asbestos contractor/supervisor initial course and subsequent refreshers
- A copy of training identification card
- Proof of successfully passing the department's examination for asbestos contractor/supervisor
- A copy of high school diploma or GED certificate
- 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:

- The required license fee. (See fees above.)
- A 1" x 1" photograph of the face with white background
- A copy of applicant's training certificate from a Department-approved training provider for the asbestos contractor/supervisor refresher course
- A copy of training identification card
- A copy of physician's statement of the required physical examination 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.)