



[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 Management Planner Initial/Renewal License Application**

I am a (check one if applicable):  Military Member  Veteran  Military Spouse

**DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY**

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

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

Employer Name \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Employer 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 (FedEx, UPS, etc.)**

Department of State Health Services MC 2835  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

## IMPORTANT INFORMATION

- Visit our webpage to pay for your license application fees online.
- To avoid late fees a complete application and all required documentation must be postmarked prior to expiration of the license.

### The following documentation is required for licensure in accordance with §295.51 of the Texas Asbestos Health Protection Rules

#### **License fees: (Two-year term)**

- Initial/Renewal: \$265.00
- Expired for 90 days or less: \$395.00
- Expired for more than 90 day but less than one year: \$525.00

#### **Requirements for an initial license:**

- A 1-inch by 1-inch photograph of the face with white background
- A copy of applicant training certificate from a Department-approved training provider for the asbestos inspector and management planner initial courses and subsequent refreshers
- A copy of the asbestos inspector and management planner training identification card
- Proof of successfully passing the department's examination for individual management planner
- 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
- 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
- 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)
- 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:**

- A 1-inch by 1-inch photograph of the face with white background
- A copy of applicants training certificate from a Department-approved training provider for the asbestos inspector and management planner refresher courses
- A copy of the asbestos inspector and management planner training identification card
- 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)
- 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

#### **Military designation:**

Branch: \_\_\_\_\_

- Provide documentation of military, veteran, or military spouse status
- Provide detailed documentation concerning military experience and training to be considered towards the issuance of the license
- Military spouses must provide proof of current licensure in another jurisdiction that has licensing requirements that are substantially equivalent to Texas

### 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.)