

STATE OF ALABAMA
APPLICATION FOR
ASBESTOS REMOVAL CONTRACTOR CERTIFICATION

INITIAL APPLICATION **RENEWAL APPLICATION**

CURRENT ALABAMA CERTIFICATION NUMBER (IF A RENEWAL): _____

CONTRACTOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____ DUN & BRADSTREET NO. _____

Place an "x" in the box to characterize the type work you do.

- | | |
|--|--|
| <input type="checkbox"/> Light Industrial | <input type="checkbox"/> Private Homes |
| <input type="checkbox"/> Heavy Industrial | <input type="checkbox"/> Roofing Removal |
| <input type="checkbox"/> Schools | <input type="checkbox"/> VAT/Mastic Removal |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Dorms/Hotels/Motels | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Office Buildings | <input type="checkbox"/> Other (specify) _____ |

PARENT COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____ DUN & BRADSTREET NO. _____

LIST OF SCHEDULES ATTACHED

- A. List of removal operations for previous year, the year ending on the date of this application, no duplications from previous application _____
- B. List of supervisors _____
- C. List of workers _____

Note: You may produce your own schedules provided they have the same information in the same order and are printed on 8½” by 11” paper.

A check or money order payable to the ADEM-Air Division should be enclosed. Telephone 334/271-7879 or 7897 for the current amount.

The undersigned understands the asbestos abatement regulations of the State of Alabama and agrees to comply with them. All workers and supervisors will be properly accredited before working at a regulated removal site.

SIGNATURE: _____ DATE: _____

TYPED NAME: _____

SEND APPLICATION TO:

MAILING ADDRESS:

**ASBESTOS COORDINATOR
ADEM – AIR DIVISION
P O BOX 301463
MONTGOMERY, AL 36130-1463**

PHYSICAL ADDRESS

**1400 COLISEUM BOULEVARD
MONTGOMERY AL 36110-2059**

FOR OFFICE USE ONLY
DATE RECEIVED _____
DATE RETURNED/FROZEN _____
REASON _____
DATE RECEIVED /UNFROZEN _____
CHECK RECEIVED _____
NUMBER ASSIGNED _____
DATE ISSUED _____

SCHEDULE A

**LIST OF PREVIOUS YEAR'S REMOVAL OPERATIONS
OR OPERATIONS SINCE PREVIOUS APPLICATION**

OWNER/TOWN/STATE	DATES	AMOUNTS (LINEAR/SQUARE FEET)	TYPE ACM	FRIABLE?

SCHEDULE B

LIST OF SUPERVISORS

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER	ALABAMA ACCREDITATION NO.	EXPIRATION DATE

SCHEDULE C

LIST OF WORKERS

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER	ALABAMA ACCREDITATION NO.	EXPIRATION DATE