

## Application for Primary Asbestos Company Certification

**Instructions:** Complete this form to apply for primary asbestos company certification for a company you are authorized to represent. Mail form, fees, and attachments to: State of Wisconsin, Box 93419, Milwaukee, WI 53293-3328.

Under Wis. Stat. § 254.115, you must provide the company's Federal Employer Identification Number (FEIN), or, if a sole proprietorship, your social security number (SSN). If you are a sole proprietor without an SSN, you must provide a signed statement affirming that. Call 608-261-6876 or email [DHSAsbestosLead@dhs.wi.gov](mailto:DHSAsbestosLead@dhs.wi.gov) with questions.

### Company information

Name: \_\_\_\_\_ FEIN (or sole proprietor's SSN): \_\_\_\_\_

Address – Mailing: \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Address – Records (if different): \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Certification and fee

Make check or money order payable to DHS. To pay by Visa or MasterCard, apply online at <https://dhs.wi.gov/WALDO>.

- Asbestos company certification:  
State/local government agency or K-12 public school - **\$0**  
All others - **\$400**

- Exterior asbestos company certification - **\$200**

### Authorized representatives

Other than you, list each person authorized to represent this company to DHS. Provide their certification number (if applicable). Attach additional sheets if needed.

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

### Violation history

Within the past 3 years, did the company violate any federal, state or local asbestos regulations?

- Yes  No If yes, identify each violation, attaching additional sheets if needed:

### Verification

I verify that the information submitted on this application is truthful and accurate. I understand that any false information provided may be grounds for denying or revoking my certification. I understand that I must comply with Wisconsin asbestos regulations.

**Signature** — Authorized representative: \_\_\_\_\_

Name — Authorized representative (printed): \_\_\_\_\_ Date signed: \_\_\_\_\_