

**ASBESTOS COURSE ACCREDITATION – INITIAL APPLICATION**

Complete all sections of the application and submit with fee and required course materials as listed below. Review Wisconsin Administrative Code Chapter DHS 159, Subchapter III, for a complete description of asbestos training course accreditation requirements.

Under sections 254.115 and 250.041, Wis. Stats., a company must provide its Federal Employer Identification Number in order to be accredited. This information is used to deny or revoke certification of persons delinquent in payment of taxes or child support. Other information necessary for processing this application and collected on this form may be shared with other government agencies for compliance review and may be available to the public under an open records request.

**COMPANY INFORMATION** (Company must be a DHS certified Asbestos Company)

Company Name

Federal Employer Identification No.

DHS Asbestos Company Certification No. (if issued)

**CONTACT INFORMATION**

Mailing Address

City	State	Zip+4
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Records Street Address (If different from mailing address)

City	State	Zip+4
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Training Location Address (If different from mailing address)

City	State	Zip+4
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Office Telephone No. ( )	Fax Telephone No. ( )	Cellular Telephone No. ( )	Pager No. ( )
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Course Contact Person	E-mail Address
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**COURSE DISCIPLINE AND FEE INFORMATION**

Check below the course discipline, applicable fees and total fee amount enclosed. The application fee and accreditation fee are payable upon application. Fees may be paid by check or money order made payable to **DHS**, or by credit card using the credit card payment form.

**Initial Course**

**Accreditation Fee**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Asbestos Worker Course             | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Asbestos Supervisor Course         | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Asbestos Inspector Course          | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Asbestos Management Planner Course | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Asbestos Project Designer Course   | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Exterior Worker Course             | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Exterior Supervisor Course         | <input type="checkbox"/> \$300 |

**Refresher Course**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Asbestos Worker Course             | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Asbestos Supervisor Course         | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Asbestos Inspector Course          | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Asbestos Management Planner Course | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Asbestos Project Designer Course   | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Exterior Supervisor Course         | <input type="checkbox"/> \$150 |

<i>For DHS use only</i>	<i>Received Date</i>	<i>Amount Paid</i> \$	<i>Deposit Date</i>
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Name of Training Provider

**COURSE APPLICATION MATERIALS**

Check each box to confirm the application package includes the following course materials and information.

- Index of submitted materials
- Training resources description
- Recordkeeping description
- Course registration plan
- Course agenda
- Student manual and materials
- Instructor manual and materials
- Completed topic analysis worksheet
- Course test and answer key
- Course test blueprint
- Evaluation form
- Sample student training certificate
- Course approval letter(s) from other states/EPA, if any
- Asbestos company application, if not already certified

**AFFIDAVIT OF APPLICANT** (Signature required)

I state that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for denying or revoking course accreditation, company certification or individual certifications or approvals, or for taking other disciplinary or legal action. I also affirm that the training course named in this application meets the requirements of ch. DHS 159, Wis. Adm. Code, Subchapter III, Accreditation of Training Courses.

**SIGNATURE** – Owner or Designated Asbestos Coordinator

Date Signed (mm/dd/yy)

**SUBMITTING APPLICATION**

Submit application, including completed application form, fees and required course materials, to DHS for review and approval.

Forms, including company application form and credit card payment form, are available online at <http://dhs.wisconsin.gov/asbestos/Forms.htm> or by calling (608) 261-6876.

If mailing the application, use the mailing address below. If hand delivering, use the street address.

**Mailing Address**

Department of Health Services  
Asbestos and Lead Section, Room 137  
PO Box 2659  
Madison WI 53701-2659

**Street Address**

Department of Health Services  
Asbestos and Lead Section  
1 West Wilson Street, Room 137  
Madison WI 53703