

**ASBESTOS COURSE ACCREDITATION – RENEWAL APPLICATION**

Complete all sections of this application and submit with fee and any revised course materials. 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 on payment of taxes or child support. Personally identifiable 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.

**Renewal for:**  Contingent Accreditation (may only renew twice)  Full Accreditation

**COMPANY INFORMATION**

Company Name	DHS Company No.
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**CONTACT INFORMATION** (Complete for any information that has changed since the last application)

Mailing Address

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City	State	Zip+4
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Records Street Address

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

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

Check the course included in the application. The accreditation fee is payable upon application. Fees may be paid by check or money order payable to **DHS**, or by credit card using the Credit Card Payment form, DPH 44029.

Initial Course	Fee	Refresher Course	Fee
<input type="checkbox"/> Asbestos Supervisor Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Asbestos Supervisor Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Asbestos Worker Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Asbestos Worker Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Asbestos Inspector Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Asbestos Inspector Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Asbestos Management Planner Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Asbestos Management Planner Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Asbestos Project Designer Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Asbestos Project Designer Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Exterior Supervisor Course	<input type="checkbox"/> \$300	<input type="checkbox"/> Exterior Supervisor Course	<input type="checkbox"/> \$150
<input type="checkbox"/> Exterior Worker Course	<input type="checkbox"/> \$300		

**REVISED COURSE MATERIALS** (Submit copies of all course revisions made since the last accreditation approval)

**Revisions** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Course agenda                   | <input type="checkbox"/> Course test, answer key or blueprint |
| <input type="checkbox"/> Student manual and materials    | <input type="checkbox"/> Evaluation form                      |
| <input type="checkbox"/> Instructor manual and materials | <input type="checkbox"/> Student training certificate         |

**AFFIDAVIT OF APPLICANT**

I state that the answers set forth are strictly true in each respect. I understand that false 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**

If mailing application, use the mailing address below. If hand delivering, use the street address. If paying by credit card, you may fax the application, revised materials and credit card form to (608) 266-9711. The credit card payment form is available online at [www.dhs.wisconsin.gov/waldo/index.htm](http://www.dhs.wisconsin.gov/waldo/index.htm) or by calling (608) 261-6876.

**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

For DHS use only	Received Date	Amount Paid \$	Deposit Date
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