

**ASBESTOS PRINCIPAL INSTRUCTOR APPLICATION**

Under sections 250.041 and 254.115, Wis. Stats., an individual must provide his or her Social Security Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent in payment of taxes or child support and will not be available to the public. Personally identifiable information necessary for processing this application and collected on this application, other than the SSN, may be shared with other government agencies as part of compliance review activities and may also be available under an open records request by the public.

**Applying for**     Initial Approval  
                           Renewal of Approval

**APPLICANT INFORMATION**

Name (First, Middle, Last, including any suffix - Jr, Sr, III)			Social Security No.	
Mailing Address		City	State	Zip + 4
Telephone No. (        )	Fax Telephone No. (        )	Cellular Telephone No. (        )		
Pager No. (        )	E-mail address			

**CERTIFICATIONS**

Check the disciplines in which you hold current certification and list expiration date for each. Provide certification number.

<input type="checkbox"/> Supervisor	Expiration Date _____	DHS Certification No. _____
<input type="checkbox"/> Exterior Supervisor	Expiration Date _____	
<input type="checkbox"/> Inspector	Expiration Date _____	
<input type="checkbox"/> Management Planner	Expiration Date _____	
<input type="checkbox"/> Project Designer	Expiration Date _____	

**QUALIFICATIONS**

<input type="checkbox"/> Attach resume that describes all relevant professional training and work experience, including employers and dates.	<input type="checkbox"/> Attach training certificate from a train-the-trainer course with a minimum length of 16-hours, or equivalent training. Include course description or agenda or college transcript.	<input type="checkbox"/> Provide three professional references or letters of recommendation, with no more than one from current employment.
<b>Reference Name</b>	<b>Reference Name</b>	<b>Reference Name</b>
Title	Title	Title
Company	Company	Company
Work relation to applicant	Work relation to applicant	Work relation to applicant
Telephone Number (        )	Telephone Number (        )	Telephone Number (        )

**INSTRUCTOR DISCIPLINES & APPROVAL FEES (Check all that apply)**

Asbestos Discipline	Courses may teach	Fee
<input type="checkbox"/> Inspector	Asbestos inspector initial and refresher	<input type="checkbox"/> \$50
<input type="checkbox"/> Management Planner	Asbestos management planner initial and refresher	<input type="checkbox"/> \$50
<input type="checkbox"/> Project Designer	Asbestos project designer initial and refresher	<input type="checkbox"/> \$50
<input type="checkbox"/> Supervisor	Asbestos worker, supervisor, exterior supervisor initial and refresher, and exterior worker	<input type="checkbox"/> \$50
<input type="checkbox"/> Exterior Supervisor	Exterior asbestos worker and exterior asbestos supervisor initial and refresher	<input type="checkbox"/> \$50

Make check or money order payable to **DHS**, or enclose credit card payment form. Total amount enclosed \$

<i>For DHS use only</i>	<i>Received Date</i>	<i>DWD Check</i>	<i>Paid Amount</i>	<i>Deposit Date</i>	<i>Entered into WALDO by</i>
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Name of Applicant (First, Middle, Last)

**RENEWAL REQUIREMENTS** (Complete this section if applying for renewal of approval)

- I am currently certified in the appropriate discipline(s) as indicated above.
- I attended at least one DHS training meeting within the past 4 years. Date of last meeting attended \_\_\_\_\_
- Within the past 12 months I taught one or more asbestos classes in each discipline for which I am requesting renewal.

Last class taught in discipline \_\_\_\_\_ Class Dates \_\_\_\_\_

Last class taught in discipline \_\_\_\_\_ Class Dates \_\_\_\_\_

Last class taught in discipline \_\_\_\_\_ Class Dates \_\_\_\_\_

Last class taught in discipline \_\_\_\_\_ Class Dates \_\_\_\_\_

**OTHER LICENSES, CERTIFICATIONS OR APPROVALS**

Within the past 5 years, did you have an asbestos license, certification or approval issued by another state?

- Yes  No If yes, which discipline(s) and who issued it?

**ENFORCEMENT ACTIONS**

Within the past 5 years, did you have an asbestos license, certification or approval denied, suspended or revoked by another state? Or, within the past 5 years, was action taken against you for a civil or criminal violation of statute, regulation or ordinance of the United States, this state, any other state, or any local government substantially related to asbestos activities or other environmental activities?

- Yes  No If yes, what action was taken, why and by whom?

**AFFIDAVIT OF APPLICANT**

I state that I am the person referred to on this application and 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 my certification or instructor approval or for other disciplinary or legal action. I also understand that if I am approved as a principal instructor, failure to comply with the laws or rules of the State of Wisconsin may be cause for disciplinary or legal action.

**SIGNATURE** – Applicant

Date Signed (mm/dd/yy)

**ATTACHMENTS** (Check the items being submitted with the application)

- Application Form – Complete, accurate and legible.
- Approval Fee – Check or money order payable to DHS, or completed credit card payment form.
- Resume with dates and locations of relevant training and experience.
- Train-the-Trainer training certificate and course description, or transcript from a college course. (Copy acceptable)
- Any supporting letters or recommendation or reference.

**SUBMITTING APPLICATION**

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

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

If paying by credit card, you may fax your application and attachments with the completed credit card form.

**Return completed application to:**

**Fax Telephone Number** – (608) 266-9711

**Mailing Address**

**Street Address**

Department of Health Services  
Asbestos and Lead Section, Rm 137  
P.O. Box 2659  
Madison WI 53701-2659

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