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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00040 (05/2024) | | **STATE OF WISCONSIN**  Wis. Admin Code Ch. 159 | | | |
| **ASBESTOS COURSE ACCREDITATION – RENEWAL APPLICATION** | | | | | |
| **Instructions:** Use this form to apply to renew currently accredited asbestos courses or courses that expired less than 12 months ago. Allow up to 90 days for processing. Call 608-261-6876 with any questions. | | | | | |
| **TRAINING COMPANY INFORMATION** | | | | | |
| Company Name | | DHS Number | | | |
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| Training Records Address | | City | State | ZIP Code | |
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| **FEES** | | | | | |
| Select the relevant courses to renew and submit the associated fee. Make check or money order payable to **DHS**. | | | | | |
| Initial Courses  Abatement Worker: **$500** (per language)  Abatement Supervisor: **$500**  Inspector: **$500**  Management Planner: **$300**  Project Designer: **$300**  Exterior Worker: **$300** per language  Exterior Supervisor: **$300** | | Refresher Courses  Abatement Worker: **$250** (per language)  Abatement Supervisor: **$250**  Inspector: **$250**  Management Planner: **$250**  Project Designer: **$250**  Exterior Supervisor: **$250**  Total enclosed: $ | | | |
| **COURSE CHANGES** | | | | | |
| Provide a complete description of any changes made to the training course(s) or training resources since the last accreditation was issued. Include any revisions to the agenda, student or instructor manuals, hand-outs, the course test, evaluation forms, or training certificates, as well as any changes to equipment or facilities. Attach additional pages as needed. | | | | | |
| **SIGNATURE** | | | | | |
| I affirm that the information submitted on this application is correct. I understand that any false information provided may be grounds for denying or revoking accreditation. I understand that I must comply with Wisconsin asbestos regulations. | | | | | |
| **SIGNATURE** — Authorized Representative | Name — Authorized Representative | | | | Date Signed |
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| **Mail form, fees, and any attachments to:** | State of Wisconsin  Box 93419  Milwaukee WI 53293-3328 |