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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-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 |
|       |       |
| Training Records Address | City | State | ZIP Code |
|       |       |       |       |
| **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 WisconsinBox 93419Milwaukee WI 53293-3328 |