

ASBESTOS APPLICATION - INDIVIDUAL

Your Social Security number (SSN) is required to determine delinquency in payment of child support or state taxes, but will not be made available to the public. If you are found delinquent, your certification will be denied under Wis. Stat. §§ 250.041 or 254.115.

APPLICANT INFORMATION			For DHS Use Only – DHS Number	
Name – First	Middle	Last	Suffix (Jr, Sr, III)	
Social Security Number (required)	Date of Birth (mm/dd/yyyy)	Height	feet	inches
Mailing Address		City	State	Zip Code
Phone Number	Email			

TRAINING List most recent training course completed. If any training taken outside Wisconsin, complete Additional Requirements, page 2.

Training Provider	Class Date	City	State
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CERTIFICATION & FEES Select your discipline and submit the corresponding fee(s).
 Pay by check or money order made payable to **DHS**. To pay by credit or debit card, apply online at www.dhs.wi.gov/WALDO. Cash is not accepted. Fees are nonrefundable. Additional fee for checks not honored by the bank.

<p>Applying for:</p> <input type="checkbox"/> Abatement Worker - \$75 <input type="checkbox"/> Abatement Supervisor - \$125 <input type="checkbox"/> Exterior Worker - \$125 (one-time) <input type="checkbox"/> Exterior Supervisor - \$75	<input type="checkbox"/> Inspector - \$175 <input type="checkbox"/> Management Planner - \$125 <input type="checkbox"/> Project Designer - \$175 <input type="checkbox"/> Replacement certification card - \$25	<p>Additional requirements for out-of-state trained applicants:</p> <input type="checkbox"/> Out-of-state training processing fee - \$25 <input type="checkbox"/> Complete page 2, Additional Requirements
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COMPANY INFORMATION

My asbestos company application is enclosed.
 I will work for a certified asbestos company before I do any regulated work.
 I currently work for the certified asbestos company listed below.

Company Name	DHS Company Number (if known)		
Mailing Address	City	State	Zip Code

ENFORCEMENT ACTIONS

Within the past five years, was action taken against you for a civil or criminal violation of any federal, state, or local asbestos or other environmental statute or regulation? Yes No
 If Yes, attach documentation explaining what action was taken, why, and by whom.

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 my certification. I understand that I must comply with Wisconsin asbestos regulations.

SIGNATURE – Applicant _____ **Date Signed** _____

<p>Your provisional certification will last up to 30 days from your training end date and is NOT effective until you mail this form with fee and any required attachments to:</p> <p>Department of Health Services Lead and Asbestos Section 1 W Wilson St, Rm 137 Madison WI 53703-3445</p>	<p>For DHS Use Only</p> <input type="checkbox"/> DCF Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check No. _____ <input type="checkbox"/> Money Order No. _____ Amount Paid \$ _____ Deposit Date _____
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If you have questions, call 608-261-6876.

ADDITIONAL REQUIREMENTS when required training was completed outside Wisconsin.

All of the following are required for certification. If you have questions, call 608-261-6876.

- Complete a refresher training class in Wisconsin.** A list of training providers offering accredited asbestos refresher courses is available online at www.dhs.wisconsin.gov/asbestos.
- Submit all training diplomas.** Provide copies of training diplomas going back to the most recent initial class and every refresher since then taken in another state. To be eligible for certification, there may be no more than 2 years between any 2 consecutive classes, dating back to your initial training.
- Pay the additional \$25 fee** to process out-of-state training (see “Additional requirements for out-of-state trained applicants” on page 1).
- List all asbestos certifications, licenses or approvals for the discipline** that were issued by another state within the past 5 years:

Type of Certification, License, or Approval	Issuing State

SIGNATURE – Applicant

 Date Signed