Department of Health Services
Division of Public Health
F-44017 (03/2025)

State of Wisconsin
Bureau of Environmental and Occupational Health
Wis. Admin. Code ch. DHS 159
608-261-6876

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

Legal Name (required) – First	Middle	Last Name(s)	Suffix (Jr, Sr, III)

Preferred Name	Preferred language for communications from DHS

Social Security Number (required)	Date of Birth (mm/dd/yyyy)	DHS Number (if known)

Mailing Address	Apt/Unit	City	State	ZIP Code

Phone Number	Email

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

Training Provider	Class Date	City	State

CERTIFICATION AND FEES Select your discipline and submit the corresponding fee(s).

Pay by check or money order made payable to **DHS**. To pay by VISA, MasterCard, 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.

Applying for:

☐ Abatement Worker - $75
☐ Abatement Supervisor - $125
☐ Exterior Worker - $125 (one-time)
☐ Exterior Supervisor - $75

☐ Inspector - $175
☐ Management Planner - $125
☐ Project Designer - $175
☐ Replacement certification card- $25 (per card)

Additional requirements for out-of-state trained applicants:
☐ Out-of-state training processing fee - $25 per certification card/discipline
☐ Complete page 2, Additional Requirements

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	Apt/Unit	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	Printed name	Date Signed

Your provisional certification lasts until your certification card is issued and is not effective until you mail this form.
with fee and any required attachments to:
State of Wisconsin
PO Box 93419
Milwaukee WI 53293-3328

Page 2 must also be completed if training was taken outside Wisconsin.

ADDITIONAL REQUIREMENTS when required training was completed outside Wisconsin.

All 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 https://www.dhs.wisconsin.gov/asbestos/training.htm

- ☐ Mail in COPIES of all training diplomas with your application. Provide copies of training diplomas going back to the most recent initial class, and every refresher since then, taken in another state. **Please do not send original diplomas. We cannot return them.** 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 out-of-state training fee, in addition to the base certification fee (see "Additional requirements for out-of-state trained applicants" on page 1).