

## Application for Asbestos Company Satellite Office Certification

**Instructions:** Complete this form to apply for asbestos company satellite office certification for a company you are authorized to represent that already has primary asbestos company certification. Mail form, fees, and attachments to: State of Wisconsin, Box 93419, Milwaukee, WI 53293-3328. Call 608-261-6876 or email [DHSAsbestosLead@dhs.wi.gov](mailto:DHSAsbestosLead@dhs.wi.gov) with questions.

### Primary asbestos company information

Name: \_\_\_\_\_ DHS number: \_\_\_\_\_

### Satellite office information

Address: \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Certification and fee

Make check or money order payable to DHS. To pay by Visa or MasterCard, apply online at <https://dhs.wi.gov/WALDO>.

- ☐ Satellite office asbestos company certification - **\$200**  
☐ Satellite office exterior asbestos company certification - **\$100**

### Authorized representatives

Other than you, list each person authorized to represent this company to DHS. Provide their certification number (if applicable). Attach additional sheets if needed.

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

### Violation history

Within the past 3 years, did the company violate any federal, state or local asbestos regulations?

☐ Yes ☐ No If yes, identify each violation, attaching additional sheets if needed.:

### Verification

I verify that the information submitted on this application is truthful and accurate. 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** — Authorized representative: \_\_\_\_\_

Name — Authorized representative (printed): \_\_\_\_\_ Date signed: \_\_\_\_\_