



RI Department of Health

Application and Instructions for:

Asbestos Contractor

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted, and your application will be returned to you. Information can be obtained on our website at www.health.ri.gov.

Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health (RIDOH)
Center for Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

- 1) Application fee of **\$1,950.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as specified below:

Required Documentation	Summary of the 15 most recent asbestos abatement projects the company or its employees completed or are in the process of performing to include location, dates, approximate dollar value and/or number of NESHAP units for each project.
	Specify type(s) of asbestos abatement company will perform in accordance with RIDOH Regulation 216-RICR-50-15-1 – Asbestos Control.
	Description of the company’s bonding or other financial assurance arrangement used to ensure performance of any asbestos abatement project including the name and address of the bonding agency(s) used, as well as the per-job and aggregate bonding limits.
	Copy of valid registration issued by the RI Contractor’s Registration and Licensing Board.
	Copy of company’s respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134 and 29 CFR 1926.1101 and the minimum qualifications of individuals conducting qualitative and quantitative fit tests.
	Copy of company’s medical surveillance program including copy of current training certificate(s) of successful completion of an appropriate CPR and/or First Aid Course.
	Copy of certificate(s) of successful completion of an appropriate Asbestos Contractor/Supervisor training course by the company’s owner/principal or employee.
	Optional list of all permanent employees and their RIDOH Asbestos Supervisor or Asbestos Worker license number (minimum of one Asbestos Supervisor).
Performance Requirements	Regulated asbestos abatement projects must follow an abatement plan approved by RIDOH as required by § 1.4.2(A) of 216-RICR-50-15-1.
	A RIDOH-licensed Abatement Supervisor and a person certified in CPR/First Aid must be on-site during all abatement activities as required by § 1.4.2(B) of 216-RICR-50-15-1.
	Asbestos Contractor must submit 10-day start work notification to RIDOH; Asbestos Supervisor must call 401-222-7796 when site preparation begins in accordance with § 1.8.1 of 216-RICR-50-15-1.
	Company must maintain asbestos abatement project records in accordance with § 1.8.2-3 of 216-RICR-50-15-1.

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or doh.asbestos@health.ri.gov if you have questions about the application process.

Please make a photocopy of your entire completed application for your records before mailing it to RIDOH. RIDOH is not responsible for providing you with a photocopy of your application.

Please allow RIDOH fifteen (15) business days to process your application and mail your license.

You may check the status of your application at <https://healthri.mylicense.com/Verification>.

PLEASE NOTE: RIDOH can no longer handle applications on a "walk-in" basis. Please do not drop applications off at RIDOH.

**State of Rhode Island and Providence Plantations
Department of Health**

<p>Name of Business:</p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p>Contact Person:</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr/Mrs/Dr.)</td> <td style="text-align: center; width: 30%;">First Name</td> <td style="text-align: center; width: 30%;">Last Name</td> <td style="text-align: center; width: 15%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)				
Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)						
<p>Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Location Information:</p> <p>Please provide the location information regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<p>Ownership Information:</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

Ownership Address Information: Please provide the address, telephone number(s) and email of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, Zip Code _____ Phone: _____ Fax: _____ Email Address: _____
Permanent Workers: (See instructions for required documents)	Name: _____ License No: _____ Name: _____ License No: _____ (Attaching a list of this information is acceptable – Please label it Workers)
CPR and First Aid Personnel: (See instructions for required documents)	Name: _____ Name: _____ (Attaching a list of this information is acceptable – Please label it CPR/First Aid Personnel)
Asbestos Abatement Projects:	Provide a summary of asbestos abatement projects, which the applicant has completed or is in the process of performing. (See instructions for specific details required)
Financial Qualifications/Bonding:	Describe the bonding or other financial assurance arrangement used by the applicant to ensure performance with the requirements of any asbestos abatement project that the applicant will undertake. (See instructions for specific details required)
Respiratory Protection Program:	Provide a copy of the applicant's respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134 and 29 CFR 1926.1101, and which will be used at all asbestos abatement projects conducted under this license. Yes <input type="checkbox"/> No <input type="checkbox"/>
Worker Protection Program:	A. Personal protective equipment and clothing for employees will be in accordance with OSHA 29 CFR 1101(i) Yes <input type="checkbox"/> No <input type="checkbox"/> B. Any employee or agent, who may be exposed to airborne asbestos, will be medically monitored in accordance with the requirements of OSHA 29 CFR 1101 (m), prior to engaging in any asbestos abatement activity. Yes <input type="checkbox"/> No <input type="checkbox"/> C. Representative air monitoring, in accordance with OSHA 29 CFR 1101 (f), will be provided for employees during asbestos abatement activities. Yes <input type="checkbox"/> No <input type="checkbox"/>
Types of Asbestos Abatement Activity Requested:	_____ _____ _____ _____ _____ (See instructions for specific details required)
Enforcement Actions in Other Jurisdictions: If yes, please provide details. Attach additional sheets if necessary.	Has any federal, state or local jurisdiction ever revoked or suspended an asbestos contractor license and/or authorization to perform asbestos abatement held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any federal, state or local jurisdiction ever imposed criminal or civil penalties in conjunction with an asbestos abatement project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with an asbestos abatement project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

