



RI Department of Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Asbestos Worker

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 **\$40.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of Rhode Island**
- 2) Attachments as listed below:

Required Documentation	Copy of current certificate(s) indicating successful completion of an Asbestos Worker training Course as required by § 1.18.8(A) of RIDOH Regulation 216-RICR-50-15-1 – Asbestos Control. Any training course taken earlier than 12 months prior to application must be supplemented by an Asbestos Worker Review Course as required by §1.18.8(C) of 216-RICR-50-15-1.
Performance Requirements	You must work under the authority of a RIDOH-licensed Asbestos Contractor as required by § 1.4.2(A)&(B) of 216-RICR-50-15-1.
	You must work under the on-site supervision of a RIDOH-licensed Asbestos Supervisor as required by § 1.4.2(A)&(B) of 216-RICR-50-15-1.
	You may not work beyond the expiration date of your most recent training course certificate until you successfully complete an Asbestos Worker review course as required by § 1.18.8(C) 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 15 business days to process your application.

You will be notified by mail when to come to RIDOH to have your photograph taken and your ID badge printed.

You may review 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 Department of Health

<p>Name:</p> <p>This is the name that will be printed on your License and reported to any inquiries about this License.</p> <p>Do not use nicknames, etc.</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: 40%;">First Name</td> <td style="text-align: center; width: 25%;">Last Name</td> <td style="text-align: center; width: 10%;">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>Date of Birth:</p>	<p>Date of Birth: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="font-size: small; text-align: center;">Month Day Year</p>				
<p>Gender:</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>				
<p>Military Status Eligibility: Documentation required</p>	<p>Please check one of the following criteria for expedited application:</p> <p><input type="checkbox"/> I am in active military duty or a reservist.</p> <p><input type="checkbox"/> I am a military veteran with honorable discharge.</p> <p><input type="checkbox"/> I am the spouse of someone in active military due or the spouse of a reservist.</p> <p><input type="checkbox"/> I am the spouse of a military veteran with honorable discharge.</p> <p>If applying for expedited military status, you must include one of the following: Leave Earning Statement, Letter from Command, Copy of Orders, or DD-214 showing honorable discharge.</p>				
<p>Residence Information:</p> <p>You must notify RIDOH of all address, phone number and email changes.</p> <p>(Not published on RIDOH's website).</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>Business/Employment Information: (The business/employment address is considered public record and will be published on the website.)</p>	<p>Company Name _____</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>				

