



RI Department of Health

Application and Instructions for:

Asbestos Supervisor

Applicant Name – Please Print

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

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at <http://www.health.ri.gov>
- Please mail your completed application, fee and the required documents to:

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

1. \$60.00 (sixty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Copies of certificates for training courses that are not already on file with the Agency. Attach copies of certificate(s) indicating successful completion of all training required by Section B.3.1 of the Rules and Regulations for Asbestos Control. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course.
3. Letter from the asbestos abatement contractor, listed in this application, requesting addition of your name to their license.

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

You will be notified when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site: <https://healthri.mylicense.com/Verification>

State of Rhode Island and Providence Plantations Department of Health

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____
Prefix First Name Last Name Suffix
(Mr/Mrs/Dr.) (Jr/III)

Date of Birth:

Date of Birth: - -
Month Day Year

Gender:

Male Female

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Business/Employment Information:

Please provide the asbestos abatement contractor information related to this license. Include Name of Business/Employer

Company Name _____
 Company License Number: _____
 Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

SSN:

(Social Security Number)

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

SSN: - -

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| <p>Enforcement Actions in Other Jurisdictions:</p> <p>If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.</p> | <p>1. Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend an asbestos abatement site supervisor license and/or other authorization to function as an asbestos abatement site-supervisor held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p> | <p style="text-align: center;"><u>AFFIDAVIT AND SIGNATURE</u></p> <p><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island. I further declare that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date of Signature (MM/DD/YY)</p> |