

ASBESTOS PRINCIPAL INSTRUCTOR APPLICATION

Under sections 250.041 and 254.115, Wis. Stats., an individual must provide his or her Social Security Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent in payment of taxes or child support and will not be available to the public. Personally identifiable information necessary for processing this application and collected on this application, other than the SSN, may be shared with other government agencies as part of compliance review activities and may also be available under an open records request by the public.

Applying for Initial Approval
 Renewal of Approval DHS Certification No. _____

APPLICANT INFORMATION

Name (Full First, Middle, Last, including any suffix - Jr, Sr, III)		Social Security No.	
Mailing Address	City	State	Zip + 4
Telephone No. ()	Cellphone No. ()		
Email address			

CERTIFICATIONS – Check all currently held Wisconsin certifications and provide expiration dates.

- Supervisor Expiration Date _____
- Exterior Supervisor Expiration Date _____
- Inspector Expiration Date _____
- Management Planner Expiration Date _____
- Project Designer Expiration Date _____

INITIAL QUALIFICATIONS – Complete this section for initial approval only

- Attach a resume describing all relevant professional training and work experience, including employers and dates.
- Attach a training certificate from a train-the-trainer course with a minimum length of 16-hours, or equivalent training or college coursework. Include course description, agenda or college transcript.
- Provide three professional references or letters of recommendation, with no more than one from current employer.

Reference Name	Reference Name	Reference Name
Title	Title	Title
Company	Company	Company
Work relation to applicant	Work relation to applicant	Work relation to applicant
Telephone No. ()	Telephone No. ()	Telephone No. ()

INSTRUCTOR DISCIPLINES & APPROVAL FEES – Check all that apply

Asbestos Discipline	Courses may teach	Enclosed	Fee
<input type="checkbox"/> Inspector	Asbestos inspector initial and refresher		<input type="checkbox"/> \$50
<input type="checkbox"/> Management Planner	Asbestos management planner initial and refresher		<input type="checkbox"/> \$50
<input type="checkbox"/> Project Designer	Asbestos project designer initial and refresher		<input type="checkbox"/> \$50
<input type="checkbox"/> Supervisor	Asbestos worker, supervisor, exterior supervisor initial and refresher, and exterior worker		<input type="checkbox"/> \$50

Pay by check or money order made payable to **DHS**.

Total amount enclosed \$ _____

For DHS use only	Received Date	DWD Check	Amount Paid	Deposit Date	Processed by

Name of Applicant (First, Middle, Last) _____

RENEWAL REQUIREMENTS – Complete this section for renewal of instructor approval

- I am currently certified in the appropriate discipline(s) as indicated above.
- I attended at least one DHS training meeting within the past 4 years. Date of last meeting attended _____
- Within the past 12 months I taught one or more asbestos classes in each discipline for which I am requesting renewal.

Last class taught in discipline _____	Class Dates _____
Last class taught in discipline _____	Class Dates _____
Last class taught in discipline _____	Class Dates _____
Last class taught in discipline _____	Class Dates _____

OTHER LICENSES, CERTIFICATIONS OR APPROVALS

Within the past 5 years, did you have an asbestos license, certification or approval issued by another state?

- Yes No If yes, which discipline(s) and who issued it?

ENFORCEMENT ACTIONS

Within the past 5 years, did you have an asbestos license, certification or approval denied, suspended or revoked by another state? Or, within the past 5 years, was action taken against you for a civil or criminal violation of statute, regulation or ordinance of the United States, this state, any other state, or any local government substantially related to asbestos activities or any other environmental activities?

- Yes No If yes, what action was taken, why and by whom?

AFFIRMATION OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for denying or revoking my certification or instructor approval or for other disciplinary or legal action. I also understand that if I am approved as a principal instructor, failure to comply with the laws or rules of the State of Wisconsin may be cause for disciplinary or legal action.

SIGNATURE – Applicant _____

Date Signed (mm/dd/yy) _____

ATTACHMENTS – Check all items submitted with application

- Application Form – Complete, accurate and legible.
- Approval Fee – Check or money order payable to DHS.
- Resume with dates and locations of relevant training and experience.
- Train-the-Trainer training certificate and course description, or transcript from a college course. (Copy acceptable)
- Any supporting letters of recommendation or reference.
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SUBMITTING APPLICATION Call 608-261-6876 with any questions.

Return completed application to:

Department of Health Services
 Asbestos and Lead Section
 1 West Wilson Street, Room 137
 PO Box 2659
 Madison WI 53701-2659
