## **DEPARTMENT OF HEALTH SERVICES**

For DHS use only

Received Date

STATE OF WISCONSIN

Division of Public Health
F-00039 (03/09)

Bureau of Environmental & Occupational Health
DHS 159, WIs. Adm. Code
Page 1 of 2

## ASBESTOS COURSE ACCREDITATION - INITIAL APPLICATION

Complete all sections of the application and submit with fee and required course materials as listed below. Review Wisconsin Administrative Code Chapter DHS 159, Subchapter III, for a complete description of asbestos training course accreditation requirements.

Under sections 254.115 and 250.041, Wis. Stats., a company must provide its Federal Employer Identification Number in order to be accredited. This information is used to deny or revoke certification of persons delinquent in payment of taxes or child support. Other information necessary for processing this application and collected on this form may be shared with other government agencies for compliance review and may be available to the public under an open records request.

compliance review and may be availa			v)	
Company Name	inparity index so a Birlo corain	iou / lossocios e simpain,	, , , , , , , , , , , , , , , , , , ,	
Federal Employer Identification N	0.	DHS Asbestos Comp	any Certification No. (if issued)	
CONTACT INFORMATION				
Mailing Address				
City		State	Zip+4	
Records Street Address (If diffe	rent from mailing address)		I	
City		State	Zip+4	
Training Location Address (If di	fferent from mailing address	5)		
City		State	Zip+4	
Office Telephone No.	Fax Telephone No.	Cellular Teleph	one No. Pager No.	
Course Contact Person		E-mail Address		
COURSE DISCIPLINE AND FE	E INFORMATION			
	n. Fees may be paid by che		. The application fee and accreditation ade payable to <b>DHS</b> , or by credit card	
Initial Course			Accreditation Fee	
☐ Asbestos Worker Course			□ \$300	
☐ Asbestos Supervisor Course			□ \$300	
☐ Asbestos Inspector Course			□ \$300	
☐ Asbestos Management Planner Course			□ \$300	
☐ Asbestos Project Designer Course			□ \$300	
☐ Exterior Worker Course			□ \$300	
☐ Exterior Supervisor (	Course		□ \$300	
Refresher Course				
☐ Asbestos Worker Co	ourse		□ \$150	
☐ Asbestos Superviso	r Course		□ \$150	
☐ Asbestos Inspector Course			□ \$150	
☐ Asbestos Management Planner Course			□ \$150	
☐ Asbestos Project Designer Course			□ \$150	
☐ Exterior Supervisor (	Course		□ \$150	

Amount Paid

\$

Deposit Date

r-00039 (Rev. 3/09) Page 2 01 2				
Name of Training Provider				
COURSE APPLICATION MATERIALS				
Check each box to confirm the application package includes the following course materials and information.				
☐ Index of submitted materials	☐ Completed topic analysis worksheet			
☐ Training resources description	☐ Course test and answer key			
☐ Recordkeeping description	☐ Course test blueprint			
☐ Course registration plan	☐ Evaluation form			
☐ Course agenda	☐ Sample student training certificate			
☐ Student manual and materials	☐ Course approval letter(s) from other states/EPA, if any			
☐ Instructor manual and materials	☐ Asbestos company application, if not already certified			
AFFIDAVIT OF APPLICANT (Signature required)				
I state 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 course accreditation, company certification or				

I state 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 course accreditation, company certification or individual certifications or approvals, or for taking other disciplinary or legal action. I also affirm that the training course named in this application meets the requirements of ch. DHS 159, Wis. Adm. Code, Subchapter III, Accreditation of Training Courses.

**SIGNATURE** – Owner or Designated Asbestos Coordinator

Date Signed (mm/dd/yy)

#### **SUBMITTING APPLICATION**

E 00020 (Pay 2/00) Page 2 of 2

Submit application, including completed application form, fees and required course materials, to DHS for review and approval.

Forms, including company application form and credit card payment form, are available online at www.dhs.wisconsin.gov/waldo/ or by calling (608) 261-6876.

If mailing the application, use the mailing address below. If hand delivering, use the street address.

# **Mailing Address**

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

### **Street Address**

Department of Health Services Asbestos and Lead Section 1 West Wilson Street, Room 137 Madison WI 53703