



# 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 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 [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

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

1. \$1,950.00 (One thousand nine hundred and fifty-dollar) license fee. Payment should be submitted in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Completed, signed Supervisor application(s) with required documentation and fees as specified in the Site Supervisor application.
3. Attachments as specified below

<b>Attachments:</b>	1. <b>Permanent Workers (Optional)</b> – Provide the name(s) and license number(s) of each prospective Asbestos Worker under your employ.
	2. <b>CPR/First Aid Personnel:</b> - Provide name(s) of the individual(s) certified in CPR and Basic First aid. Attach a copy of the current training certificate(s) of successful completion of the appropriate CPR and/or First Aid Course.
	3. <b>Asbestos Abatement Projects:</b> Provide a summary of all previous asbestos abatement projects, which the applicant has completed or is in the process of performing. If the applicant has been the asbestos contractor for more than 15 asbestos abatement projects within the last two years, the summary need only include the 15 most recent asbestos abatement projects. This summary must include location, dates and approximate dollar value and/or number of linear/square feet of asbestos material included in the project.
	4. <b>Financial Qualifications/Bonding</b> – 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. This description shall include, the name and address of the bonding agency(s) used, as well as the applicant’s per-job and aggregate bonding limits. If the applicant intends to use some form of financial assurance in lieu of bonding, the description shall contain sufficient details for the Agency to determine that the applicant has adequate financial resources to abate asbestos in a proper manner.
	5. <b>Respiratory Protection Program</b> – Attach a copy of the applicant’s respiratory protection program prepared in accordance with OSHA 29 CFR 1910.134 and 29 CFR 1926.1101 to be conducted under this license. The attachment must also specify minimum qualifications that will be required of individuals conducting qualitative and quantitative fit tests.
	6. <b>Type of Activity</b> – Identify the type(s) of asbestos abatement activity for which you are applying. Unless otherwise specified, it will be assumed that the application is for “Removal, encapsulation or enclosure or asbestos containing materials in accordance with Part B of the Rhode Island Rules and Regulations for Asbestos Control”.

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.

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

<p><b>Name of Business:</b></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><b>Contact Person:</b></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: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 5%;">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><b>Mailing Information:</b></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, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p><b>Location Information:</b></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, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p><b>Ownership Type:</b></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><b>Ownership Information:</b></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>								

<b>Ownership Address Information:</b>  Please provide the address and telephone number(s) 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, Zipcode _____ Phone: _____ Fax: _____ Email Address: _____
<b>Permanent Workers:</b>  (See instructions for required documents)	Name: _____ License No: _____ Name: _____ License No: _____ <b>(Attaching a list of this information is acceptable – Please label it Workers)</b>
<b>CPR and First Aid Personnel:</b>  (See instructions for required documents)	Name: _____ Name: _____ <b>(Attaching a list of this information is acceptable – Please label it CPR/First Aid Personnel)</b>
<b>Asbestos Abatement Projects:</b>	Provide a summary of all asbestos abatement projects, which the applicant has completed or is in the process of performing.  <b>(See instructions for specific details required)</b>
<b>Financial Qualifications/Bonding:</b>	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.  <b>(See instructions for specific details required)</b>
<b>Respiratory Protection Program:</b>	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 is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Worker Protection Program:</b>	A. Personal protective equipment and clothing for employees will be in accordance with OSHA 29 CFR 1101(i) <input type="checkbox"/> Yes <input type="checkbox"/> No 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. <input type="checkbox"/> Yes <input type="checkbox"/> No C. Representative air monitoring, in accordance with OSHA 29 CFR 1101 (f), will be provided for employees during asbestos abatement activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Types of Asbestos Abatement Activity Requested:</b>	_____ _____ _____ _____ _____ <b>(See instructions for specific details required)</b>
<b>Enforcement Actions in Other Jurisdictions:</b>  If yes, please see instructions for specific details required	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 _____ _____

