



# RI Department of Health

## Application and Instructions for:

Asbestos Consultation Services

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. \$200.00 (two-hundred-dollar) license fee for the initial area to be certified with this application and \$100.00 (one-hundred-dollar) license fee for each additional area being certified by this application. Payment should be submitted in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

<b>Asbestos Consultation Services Requested:</b>  (Check all that apply)	<input type="checkbox"/> Asbestos Inspection Services [D.4.2 (b) (4)] <input type="checkbox"/> Asbestos Project Designer Services [D.4.2 (b) (5)] <input type="checkbox"/> Asbestos Management Planner Services [D.4.2 (b) (6)]
<b>Documentation of Required Training:</b>	Attach copy of certificate(s) indicating successful completion of all required training for each consultation service requested. Any training courses taken ONE (1) year prior to application must be supplemented by an Agency approved Annual Review course.
<b>Fees:</b>	_____ Initial Area to be certified with this application @\$200.00 _____ Additional area(s) to be certified with this application @\$100.00  Total Fee(s) Submitted: \$_____
Check or Money order payable to "General Treasurer, State of RI"	

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 by mail 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

<p><b>Name:</b></p> <p>This is the name that will be printed on your License and reported to those that inquire about your 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: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 15%;">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>Date of Birth:</b></p>	<p>Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: small; text-align: center;">Month                  Day                  Year</p>				
<p><b>Gender:</b></p>	<p>Male <input type="checkbox"/>                  Female <input type="checkbox"/></p>				
<p><b>Residence Information:</b></p> <p>It is your responsibility to keep the Department apprised of all address and phone number changes.</p> <p><b>(Not published on the HEALTH web site).</b></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>Business/Employment Information:</b></p>	<p>Company Name _____</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>SSN:</b></p> <p><b>(Social Security Number)</b></p>	<p>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.</p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>				

<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p><b>If Yes, please provide details.</b></p>	<ol style="list-style-type: none"> <li>1. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos consultant certificate and/or authorization to perform asbestos consultation held by the applicant?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>2. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ol> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><b><u>This Application Must be Signed by the Applicant</u></b></p> <p><b>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.</b></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><b>Signature</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>Date of Signature (MM/DD/YY)</b></p>