



STATE OF UTAH
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF AIR QUALITY
 195 North 1950 West, P.O. Box 144820
 Salt Lake City, Utah 84114-4820

OFFICIAL USE ONLY

By _____ Fee _____ Check# _____

CERTIFICATION APPLICATION FOR ASBESTOS COMPANY

COMPANY INFORMATION:

Name of Company: _____
 Mailing Address: _____ Street Address: _____

 Phone: _____ Fax: _____ Email: _____

Who controls interest in the company?

Name: _____
 Mailing Address: _____

Who are the officers and directors of the company?

Name: _____	Title: _____
_____	_____
_____	_____

If more space is needed, please make a note and attach a separate sheet

Has any of the above information changed since the last certification? _____

APPLICATION FOR:

[] Initial Certification [] Annual Recertification If Recertification, Certification Number _____

READ AND SIGN THE FOLLOWING STATEMENT:

As an authorized representative of this asbestos company, I certify that:

1. Only individuals trained in accordance with UAC R307-801-4, will be used to perform asbestos projects. At least one person trained in accordance with UAC R307-801-4 will be responsible for the construction of the containment, supervision, and inspection of each asbestos project conducted by the company. Only certified management planners, project designers and inspectors will be used while performing these functions.
2. All Federal, State, and local rules and regulations dealing with asbestos will be followed by the company at all times.
3. To the best of my knowledge, all information given with this application is correct.

 Signature of Authorized Representative Title of Representative Date

 Printed Name of Authorized Representative

Additional Information: What kind of work does the company do?

Check all that apply:

- | | | | |
|-------------------|-----|-----------------------------|-----|
| Abatement/Removal | [] | Restricted to in-house work | [] |
| Inspections | [] | Waste Transporter | [] |
| Project Designs | [] | Approved Landfill | [] |
| Management Plans | [] | | |

APPLICATION INSTRUCTIONS

I. Certification/Recertification: (submit the following):

- _____ (1) A list of the other states where the asbestos contractor is licensed or certified for asbestos project work, if applicable; and a list of all previous names used by the asbestos contractor.
- _____ (2) A description of the company's past compliance history relating to asbestos activities, if applicable.
- _____ (3) **\$250.00 Certification Fee:** Make check payable to: Utah Division of Air Quality or to pay with a credit card, please call (801) 536-4000.

II. Send application and supporting documents to:

Department of Environmental Quality
Division of Air Quality
195 North 1950 West
P.O. Box 144820
Salt Lake City, Utah 84114-4820
Phone: (801) 536-4000 Fax: (801) 536-4099 Email: asbestos@utah.gov

ALLOW 30 DAYS FOR PROCESSING

DO NOT WRITE BELOW – OFFICIAL USE ONLY

Reviewer's Initials: _____	Date Rejected: _____
Date Reviewed: _____	Additional Information Requested: _____
Date Approved: _____	Certification Number: _____