

Ohio Department of Health
Asbestos Certification Application
 Ohio Administrative Code 3701-34

- One application, typed or printed legibly in ink, for each certification category.
- Attach a copy of your training course certificate(s).
- Need one clear, current and color photo of the applicant only by one of the following methods.
 - Photo e-mailed to asbestos@odh.ohio.gov Name file with last name and last four digits of social security number (jones1234).
 - Photo attached to application with applicant's name written on the back of the photo.
- Check/money order, made payable to Treasurer, State of Ohio.
- Mail to: Ohio Department of Health, Accounts Receivable #2410, PO Box 15278, Columbus, OH 43215.

Application Type - Check only one			
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Certification #			
Certification Category - Check only one			
<input type="checkbox"/> Asbestos Hazard Abatement Specialist \$200.00	<input type="checkbox"/> Asbestos Hazard Abatement Air Monitoring Technician \$100.00		
<input type="checkbox"/> Asbestos Hazard Evaluation Specialist \$200.00	<input type="checkbox"/> Asbestos Hazard Abatement Worker \$50.00		
<input type="checkbox"/> Asbestos Hazard Abatement Project Designer \$200.00			
1. Social Security Number	2. Date of Birth	3. Mail my certification letter and identification card to: <input type="checkbox"/> Applicant address <input type="checkbox"/> Employer address	
4. First Name	5. Middle Name	6. Last Name	
7. Home Address	8. City	9. State	10. Zip
11. Home Phone	12. E-mail Address		
13. Employer	14. Business Phone	15. Fax Number	
16. Employer Address	17. City	18. State	19. Zip
20. E-mail Address			
21. List other state asbestos licenses or certificates you hold or have held.			
22. Have you ever been convicted of a felony under any state or federal law designated to protect the environment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			

Provision of your social security number (SSN) is mandated by Ohio Revised Code 3123.50 and Ohio Administrative Code 3701-34. Your SSN may be used for purposes including, but not limited to, identification of obligors under child support orders and verification of identity.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course certificate(s) and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

 Applicant Signature _____
 Date

For Office Use Only

Approved by & date _____ Denied by & date _____

Comments _____