

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

**ASBESTOS PROJECT INSPECTOR
CERTIFICATION APPLICATION**

DO NOT WRITE BELOW • FOR OFFICE USE ONLY

API NUMBER:

APPLICATION COMPLETE?

Acceptable

Unacceptable (Why?)

RECEIVED:

PROCESSED:

CHECK#

ENTERED:

EXPIRATION DATE:

May 31,

SEND TO: Richard Annunziato
City of Philadelphia
Air Management Services
321 University Ave
Philadelphia, PA 19104
Phone (215) 685-9458
Fax (215) 685-9496

APPLICANT INFORMATION (PLEASE PRINT)

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

E-MAIL ADDRESS:

APPLICANT EMPLOYER INFORMATION:

COMPANY NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

DATE YOU ATTENDED THE PHILADELPHIA API INITIAL CERTIFICATION COURSE:

DATE: _____

**Please make sure the following check is submitted with this application:
RECERTIFICATION FEE (Payable to "City of Philadelphia"): \$150.00**

Make sure to include your letter from your employer authorizing you to use their Business Tax Account Number and Business Privilege License Number.

I hereby certify that the foregoing statements are true and furthermore, that I will use only Analytical Testing Laboratories certified by the Department of Licenses and Inspections to perform analysis. This certification is made subject to the penalties set forth in 18 P.A.C.S. §4909 relating to unsworn falsification to authorities.

SIGNATURE OF APPLICANT:

DATE:

APPROVED BY:

DATE: