CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

ASBESTOS PROJECT INSPECTOR RECERTIFICATION APPLICATION

NOTE – This application is for BOTH the API Refresher Class and the Recertification

SEND TO: Arlene Nellons
PHMC
260 South Broad Street, 18th Floor
Philadelphia, PA 19102
Phone (215) 985-2551
Fax (215) 985-6294
anellons@phmc.org

DO NOT WRITE BELOW • FOR OFFICE USE ONLY

API NUMBER:

APPLICATION COMPLETE?

☐ Acceptable ☐ Unacceptable

Received:	PHMC check:
Entered:	City of Philadelphia check:

EXPIRATION DATE:

May 31, 2011

APPLICANT INFORMATION (PLEASE PRINT):

NAME:

ADDRESS:

CITY: STATE:

ZIP CODE:

PHONE: ( )

Cell: ( )

APPLICANT EMPLOYER INFORMATION (PLEASE PRINT):

COMPANY NAME:

ADDRESS:

CITY: STATE:

ZIP CODE:

PHONE: ( )

FAX: ( )

Date you wish to attend the Philadelphia API certification renewal course (**Check two**):

☐ Wednesday, April 07, 2010 10:00am-2:00pm
☐ Thursday, April 15, 2010 10:00am-2:00pm
☐ Wednesday, April 21, 2010 10:00am-2:00pm
☐ Tuesday, April 27, 2010 10:00am-2:00pm
☐ Thursday, April 29, 2010 10:00am-2:00pm
☐ Wednesday, May 05, 2010 10:00am-2:00pm
☐ Thursday, May 13, 2010 10:00am-2:00pm
☐ Tuesday, May 18, 2010 10:00am-2:00pm
☐ Thursday, May 20, 2010 10:00am-2:00pm
☐ Thursday, May 27, 2010 10:00am-2:00pm

Please make sure that BOTH of the following checks are submitted with this application for **each applicant:**

☐ COURSE **APPLICATION** FEE (PAYABLE TO "PHMC"): $85.00

☐ **RECERTIFICATION FEE** (PAYABLE TO "City of Philadelphia"): $150.00

☐ Have you included 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: