

**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 Application**

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 Cert. NUMBER:

APPLICATION COMPLETE?

Acceptable Unacceptable

Received:

PHMC Check #:

Entered:

City of Phila. Check #:

EXPIRATION DATE:

May 31, 2012

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 REFRESHER Course (Check 2 DATES):

Tuesday, April 05, 2011, 10:00am-2:00pm

Wednesday, May 04, 2011, 10:00am-2:00pm

Thursday, April 14, 2011, 10:00am-2:00pm

Thursday, May 12, 2011, 10:00am-2:00pm

Wednesday, April 20, 2011, 10:00am-2:00pm

Tuesday, May 17, 2011, 10:00am-2:00pm

Tuesday, April 26, 2011, 10:00am-2:00pm

Thursday, May 19, 2011, 10:00am-2:00pm

Thursday, April 28, 2011, 10:00am-2:00pm

Thursday, May 26, 2011, 10:00am-2:00pm

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

COURSE 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: