

CITY OF PHILADELPHIA ~ DEPARTMENT OF
PUBLIC HEALTH

**ASBESTOS PROJECT INSPECTOR
CERTIFICATION APPLICATION**

(Please Print or Type Information)

SEND TO:

**ATTN: RICH KIRSCHNER
PHMC - API CERTIFICATION
260 SOUTH BROAD STREET
PHILADELPHIA, PA 19102-5085
(215) 790-7211**

**DO NOT WRITE BELOW ~ FOR OFFICE
USE ONLY**

APPLICATION/CERTIFICATION NUMBER:

RECERTIFICATION: Acceptable Unacceptable

RECEIVED:

PROCESSED:

APPROVED:

ENTERED:

EXPIRATION DATE:

MAY 31

1. NAME OF APPLICANT:

2. SOCIAL SECURITY NUMBER:

3. ADDRESS OF APPLICANT:

BIRTH DATE: / /

CITY:

STATE:

ZIP CODE:

4. PHONE #:

HOME ()

WORK ()

5. COMPANY NAME:

ADDRESS:

FAX NUMBER: ()

6. Certification Fee: **\$125.00**

MAKE CHECK OR MONEY ORDER PAYABLE TO:

☞ "CITY OF PHILADELPHIA" ☛

PLEASE FILL OUT COMPLETELY!

7. DATE YOU ATTENDED THE PHILADELPHIA API INITIAL CERTIFICATION COURSE:

DATE: _____.

8. 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.

9. SIGNATURE OF APPLICANT:

DATE:

APPROVED BY:

DATE: