CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

ASBESTOS PROJECT INSPECTOR CERTIFICATION APPLICATION

(Please Print or Type Information)

DO NOT WRITE BELOW FOR OFFICE USE ONLY	Initial Application

APPLICATION/CERTIFICATION NUMBER:

CERTIFICATION: Acceptable

Unacceptable

RECEIVED: PROCESSED:

APPROVED: ENTERED:

EXPIRATION DATE:

MAY 31

Database	Check #	Picture ID	Cert. Letter

SEND TO:

ATTN: JEFF FORESTER
CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
321 UNIVERSITY AVE., AMS-ACU
PHILADELPHIA, PA 19104

(215)685-7576

1. NAME OF APPLICANT:

2. Work E-Mail:

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 COMPLETLY!

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. э4909 relating to unsworn falsification to authorities.

9. SIGNATURE OF APPLICANT:	DATE:	APPROVED BY:	DATE: