

# ASBESTOS CONTRACTOR LICENSE APPLICATION

(Please Print or Type Information)

**SUBMIT TO:**      **ATTN: JEFF FORESTER**  
**CITY OF PHILADELPHIA**  
**DEPARTMENT OF PUBLIC HEALTH**  
**321 UNIVERSITY AVENUE, AMS-ACU**  
**PHILADELPHIA, PA 19104-4597**  
 FOR ADDITIONAL INFORMATION CALL (215) 685-7576

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APPLICATION/LICENSE NUMBER:

RECEIVED:

PROCESSED:

APPROVED:

ENTERED:

CONTRACTOR LICENSE:

Γ ACCEPTABLE      Γ UNACCEPTABLE

EXPIRATION DATE:

## JULY 31

1. NAME OF LICENSEE:

2. TELEPHONE #:

3. ADDRESS:

CITY:

STATE:

ZIP CODE:

4. NAME OF PERSON CERTIFIED AS SUPERVISOR:

CERTIFICATION TYPE & NUMBER:

CERTIFICATE HOLDERS BIRTH  
DATE:

5. PHILA. BUSINESS TAX ACCOUNT #:

6. BUSINESS PRIVILEGE LICENSE #:

7. FEDERAL I.D. #:

### CORPORATIONS AND PARTNERSHIPS (LIST THREE PRINCIPLES OR PARTNERS)

| NAME OF PRINCIPLE OR PARTNER | TITLE | HOME ADDRESS (INCLUDE CITY, STATE, ZIP CODE) |
|------------------------------|-------|--|
|                              |       |  |
|                              |       |  |
|                              |       |  |

| 8. LICENSE TYPE:    | APPL. FEE | APPL. CODE | LIC. FEE | LIC. CODE | EXP. DATE | LICENSE # |
|---------------------|-----------|------------|----------|-----------|-----------|-----------|
| ASBESTOS CONTRACTOR | \$30.00   |            | \$375.00 | 3626      | July 31   |           |

**TOTAL FEES:.....\$** \_\_\_\_\_

Make check or money order payable to: **CITY OF PHILADELPHIA**

**9. ATTACHMENTS:** Please Attach Documentation on Company Letterhead, Signed and Dated, Addressing Items 9.a through 9.g.

- Γ **9.A** Names, Addresses, Certification Numbers of All Pa Certified Asbestos Workers Employed at Time of Application *AND* a Copy of PA Certification For The Person Named in Block #4.
- Γ **9.B** Written Operating and Employee Protection Procedures.
- Γ **9.C** List of All Equipment.
- Γ **9.D** Copies of All Citations And/or Notices of Violations Received in the Last 12 Months.
- Γ **9.E** List of Laboratories with Which Contractor Is Affiliated.
- Γ **9.F** List of Names, Addresses, Certification Numbers of Asbestos Project Inspectors (APIs) Employed.
- Γ **9.G** List of Names, Addresses, Certification Numbers of Asbestos Investigators Employed.

**I HEREBY CERTIFY THAT THE FORGOING STATEMENTS ARE TRUE, AND FURTHERMORE, THAT:**

- (1) ALL WORKER PROTECTION EQUIPMENT AND ALL OTHER EQUIPMENT RELATING TO ASBESTOS ABATEMENT ACTIVITIES THAT ARE NECESSARY TO COMPLY WITH THE PROVISIONS OF CHAPTER 6-600 OF THE PHILADELPHIA CODE AND THE ASBESTOS CONTROL REGULATION OF THE PHILADELPHIA BOARD OF HEALTH WILL BE USED IN ASBESTOS ABATEMENT PROJECTS PERFORMED BY THE APPLICANT
  - (2) ALL EMPLOYEES ENGAGED IN ASBESTOS PROJECTS WILL HAVE VALID CERTIFICATIONS AS PROVIDED IN SECTION IV OF THE ASBESTOS CONTROL REGULATIONS:
- AND
- (3) ALL OTHER APPLICABLE FEDERAL, STATE, AND LOCAL STATUTES, ORDINANCES AND REGULATIONS SHALL BE OBSERVED. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA.C.S. 4901 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

|  |               |       |                             |       |
|--|---------------|-------|-----------------------------|-------|
| 10. SIGNATURE OF PRINCIPAL OR PARTNER: | PRINTED NAME: | DATE: | HEALTH DEPARTMENT APPROVAL: | DATE: |
|--|---------------|-------|-----------------------------|-------|

