

CITY OF PHILADELPHIA--DEPARTMENT OF PUBLIC HEALTH  
**ASBESTOS INVESTIGATOR  
 CERTIFICATION APPLICATION**

*(Please Type or Print Information)*

**DO NOT WRITE IN THIS BOX  
 OFFICE USE ONLY!**

**Initial App**

APPLICATION/CERTIFICATION NUMBER:

**RETURN TO:** *ATTN: JEFF FORESTER  
 CITY OF PHILADELPHIA  
 DEPARTMENT OF PUBLIC HEALTH  
 321 UNIVERSITY AVENUE, AMS-ACU  
 PHILADELPHIA, PA 19104  
 For additional help or answers to questions, call (215) 685-7576*

RECEIVED:

PROCESSED:

APPROVED:

ENTERED:

APPLICATION:  ACCEPTABLE  
 UNACCEPTABLE

EXPIRATION DATE: **MARCH 31**

1. NAME OF APPLICANT:

2. Work E-Mail:

3. ADDRESS OF APPLICANT:

4. PHONE NUMBERS:

HOME: ( ) -

WORK: ( ) -

5. COMPANY NAME:

6. BIRTH DATE: / /

COMPANY ADDRESS:

8. PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER:

PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER

9. CERTIFICATION TYPE

CERTIFICATION FEE

CERTIFICATION  
 CODE

EXPIRATION DATE

CERTIFICATION NUMBER

**ASBESTOS INVESTIGATOR**

\$125.00

3632

MARCH 31

**TOTAL FEES ENCLOSED: \$ \_\_\_\_\_ MAKE CHECKS PAYABLE TO "CITY OF PHILADELPHIA"**

**PLEASE FILL OUT COMPLETELY!**

**NOTE:** INFORMATION BELOW WILL BE USED TO DETERMINE ELIGIBILITY FOR APPROVAL OF ASBESTOS INVESTIGATOR CERTIFICATION.

**10. ATTACHMENTS:** PLEASE ATTACH APPROPRIATE DOCUMENTATION AND LABEL AS LISTED BELOW.

- A. Current copy of PA Department of Labor & Industry Asbestos Building License OR a Building Inspectors Certificate from an EPA accredited Training Provider Course.
- B. Letter from your employer on company letterhead authorizing you to use to use their *PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER* and *BUSINESS PRIVILEGE LICENSE NUMBER*.
- C. Copy of any one of the following (Please check box of the one you are submitting):
  - => Copy of a current license or certificate as a Professional Engineer, Registered Architect, Certified Industrial Hygienist or Certified Safety Professional.
  - => Evidence of Bachelor's degree in Engineering, Architecture, Environmental Health Science of related field **PLUS** (1) year of experience in SURVEY/HAZARD Assessment for asbestos **PLUS** (1) additional year of other related experience.
  - => Documentation of (2) years of experience in SURVEY/HAZARD Assessment for asbestos **PLUS** (3) additional years of other related experience.

**APPLICANT CERTIFICATION:**

I hereby certify that the foregoing statements are true and furthermore acknowledge that:

All 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.

11. SIGNATURE OF APPLICANT:

12. DATE:

HEALTH DEPARTMENT APPROVAL:

DATE:

