

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS LABORATORY
CERTIFICATION APPLICATION**
(Please Print or Type Information)

DO NOT WRITE BELOW - OFFICE USE ONLY!

RETURN TO:

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

(215) 685 -7576

APPLICATION/CERTIFICATION NUMBER:

APPLICATION:
Acceptable PCM TEM PLM INDIVIDUAL PCM
Unacceptable

RECEIVED:

PROCESSED:

APPROVED:

ENTERED:

EXPIRATION DATE:

APRIL 30

1. NAME OF APPLICANT:

2. E-Mail Address:

3. ADDRESS OF APPLICANT:

CITY:

STATE:

ZIP CODE:

4. FOR COMPANIES: NAME OF OWNER OR AUTHORIZED REPRESENTATIVE:

TELEPHONE NUMBER: ()

5. FOR INDIVIDUALS: NAME & ADDRESS OF EMPLOYER PROVIDING AIHA AAR LISTING:

TELEPHONE NUMBER: ()

6. Phila. Business Tax Account Number:

7. Phila. Business Privilege License:

8. CERTIFICATION TYPE:

APPLICATION CODE

CERTIFICATION FEE

EXPIRATION DATE

ASBESTOS LABORATORY CERTIFICATION

3625

\$375.00

4/30

INDIVIDUAL CERTIFICATION

3625

\$375.00

4/30

TOTAL FEES: \$

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF PHILADLEPHIA

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

A. FOR PHASE CONTRAST MICROSCOPY (PCM) ANALYSIS:

=> COPY OF CURRENT CERTIFICATE FROM THE AIHA
=> P.A.T. NUMBER

C. FOR POLARIZED LIGHT MICROSCOPY (PLM) ANALYSIS:

=> COPY OF CURRENT ACCREDITATION CERTIFICATE FROM THE NIST
=> NVLAP CODE NUMBER

B. FOR TRANSMISSION ELECTRON MICROSCOPY (TEM) ANALYSIS:

=> COPY OF CURRENT ACCREDITATION CERTIFICATE FROM THE NIST
=> NVLAP CODE NUMBER

D. FOR INDIVIDUAL PCM ANALYSIS:

=> COPY OF CURRENT LETTER FROM THE AIHA APPROVING YOUR LISTING ON THE BOARD APPROVED AAR OR MOST RECENT AAR RESULTS
=> AAR NUMBER
=> LETTER FROM YOUR EMPLOYER AUTHORIZING YOU TO USE THEIR BUSINESS TAX ACCOUNT and BUSINESS PRIVILEGE LICENSE NUMBERS

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND FURTHERMORE THAT:

- (1) THIS CERTIFICATION IS VALID AS LONG AS THE APPLICANT MAINTAINS CURRENT ACCREDITATION WITH THE APPROPRIATE ACCREDITATION ORGANIZATION AS STATED ABOVE
- (2) 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 APPLICANT OR AUTHORIZED REPRESENTATIVE:

PRINTED NAME:

DATE:

APPROVED BY:

DATE: