CITY OF PHILADELPHIA * DEPARTMENT OF PUBLIC HEALTH ASBESTOS CONTRACTOR					APRIC	APPLICATION/LICENSE NUMBER:				
LICENSE APPLICATION (Please Print or Type Information)				I C E				CHECK #:		
						APPROVED:		ENTERED:		
ATTN: RICHARD ANNUNZIATO CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH 321 UNIVERSITY AVENUE, AMS-ACU PHILADELPHIA, PA 19104-4597 FOR ADDITIONAL INFORMATION CALL (215) 685-+) +*					CONTRACTOR LICENSE: ACCEPTABLE 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					PE & NUMBER:			CERTIFICATE HOLDERS BIRTH DATE:		
5. PHILA. BUSINESS TAX ACCOUNT #:	6. BUSINESS PRIVILEGE LICE			NSE #:			7. FEDERAL I.D. #:			
CORPORATIONS A	VD F	PARTNE	RSHIPS (I	IS'	T THR	EE I	PRINCIPI	LES OR PARTN	ERS)	
NAME OF PRINCIPLE OR PARTNER	TITLE				HOME ADDRESS (INCLUDE CITY, STATE, ZI			E, ZIP CODE)		
8. LICENSE TYPE:	APPI	APPL. FEE APPL. (E LIC. FI		<u> </u>	LIC. CODE	EXP. DATE LICENSE #		
ASBESTOS CONTRACTOR		\$) 0.00			\$*00	0.00	3626	July 31		
TOTAL FEES: <u>\$</u>			Make chec	k or	money o	rder p	ayable to: CI	ΓΥ OF PHILADELP	HIA	
 ATTACHMENTS: Please Attach 9.A Names, Addresses, Certification N Certification For The Person Nam Γ.9.B Written Operating and Employee I Γ.9.C List of All Equipment. Γ.9.D Copies of All Citations And/or No Γ.9.E List of Laboratories with Which Co Γ.9.F List of Names, Addresses, Certifica Γ.9.G List of Names, Addresses, Certifica I HEREBY CERTIFY THAT THE I 	umbers and in B Protecti tices of ontracto tion Nu ation No	of All Pa Co Block #4. on Procedur Violations R or Is Affiliated umbers of As umbers of A	ertified Asbestores. Received in the led. Substantial Substantia	s Wo	orkers En 12 Month ectors (AF Employe	s. PIs) En	d at Time of A	application AND a Co		
(1) ALL WORKER PROTECTION EQUIPMENT A WITH THE PROVISIONS OF CHAPTER 6-60 HEALTH WILL BE USED IN ASBESTOS AB (2) ALL EMPLOYEES ENGAGED IN ASBESTOS REGULATIONS:	AND ALL 0 OF THI ATEME!	OTHER EQUI E PHILADELP NT PROJECTS	IPMENT RELATII HIA CODE AND T PERFORMED BY	NG TO THE A THE	O ASBESTO SBESTOS (E APPLICAL	OS ABAT CONTRO	TEMENT ACTIV OL REGULATIO	ITIES THAT ARE NECESSA ON OF THE PHILADELPHIA	BOARD OF	
(3) ALL OTHER APPLICABLE FEDERAL, STATI SUBJECT TO THE PENALTIES SET FORTH I			TES, ORDINANCI	ES AN					TION IS MADE	
10. SIGNATURE OF PRINCIPAL OR PARTNER:	PI	RINTED NAMI	Ε:	DAT	ΓE:	н	EALTH DEPART	MENT APPROVAL:	DATE:	