

City of Philadelphia ♦ Department of Public Health

Asbestos Project Inspector Recertification Application

****NOTE – This application is for BOTH the API
Refresher class and the Recertification**

DO NOT WRITE IN THIS BOX • OFFICIAL USE ONLY

API Number:

Application complete

Acceptable

Unacceptable

PHMC Check Number:

City of Philadelphia Check Number:

Certification Expiration Date:

May 31, 2021

Send to: "Ck"O cpci go gpv"Ugt xlegu"
"543"Uqwj "Wpkxgtukv" "Cxg0"
"Rj krcf gr j k."RC"3; 326"
"4pf "Hqqt "Cudguvqu" Wpkv
"Rj qpg"437+8: 7/9798"
"Cwgpvkp<*Ncgpuki ("Egt vhecvkp"Engtm"

Applicant Information (please print)

NAME:

ADDRESS:

CITY: STATE:

ZIP CODE:

PHONE:

EMAIL ADDRESS:

Applicant Employer Information (please print)

COMPANY NAME:

ADDRESS:

CITY: STATE:

ZIP CODE:

PHONE:

EMAIL:

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Thursday, April 9, 2020 (10 am to 2 pm)

Thursday, May 14, 2020 (10 am to 2 pm)

Friday, April 17, 2020 (10 am to 2 pm)

Thursday, May 21, 2020 (9 am to 1 pm)

Thursday, April 23, 2020 (10 am to 2 pm) **(webinar)**

Thursday, May 28, 2020 (10 am to 2 pm) **(webinar)**

Wednesday, April 30, 2020 (10am to 2pm) **(webinar)**

Thursday, June 04, 2020 (10 am to 2 pm)**(webinar)**

Friday, May 8, 2020 (10 am to 2 pm) **(webinar)**

Friday, June 12, 2019 - (10 am to 2 pm)

* Please make sure that **BOTH** of the following checks are submitted with this application **for each applicant***

Course application fee, payable to "PHMC": **\$85.00**

Recertification fee, payable to "CITY OF PHILADELPHIA": **\$225.00 *(Amended Fee 01/03/2019)**

MUST include letter from your employer authorizing you to use their Business Tax Account Number and Commercial Activity 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. §4904 relating to unsworn falsification to authorities.

Signature of applicant:

Date:

Approved by:

Date: