

# ADEQ

ARKANSAS  
Department of Environmental Quality

## ASBESTOS CERTIFICATION APPLICATION

Contractor/Supervisor  Air Monitor  Inspector  Project Designer  Worker  Management Planner

DATE: \_\_\_\_\_

### FEES

\$25 – Worker discipline  
\$15 – Replacements  
\$55 – Each additional discipline in same 12-month period

\$115 – All other disciplines  
\$50 – Expedite

### PAYMENT METHOD

Check/Money Order Included  Cash (*Walk-Ins Only*)  
 Credit Card (*Online, Only*)  Expedite Fee Included

Initial Application  Renewal Application  Replacement Certificate  ID  Current Certification Number: \_\_\_\_\_

DELIVERY OPTIONS: Mail to  HOME  BUSINESS  PICK-UP at ADEQ Main Office

### PERSONAL INFORMATION

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Are you legally authorized to work in the US?  Yes  No  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_  
Employer Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

### TRAINING PROVIDER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

I affirm that the above information is accurate and has been provided by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION REQUIREMENTS

- Indicate ALL discipline(s) for which you are applying.
- Indicate method of payment.
- Indicate whether an expedite fee is included.
- Complete ALL fields on application.
- Provide **ORIGINAL** training certificates (no copies).
- Complete disclosure form (*new applicants, Only*).
- A color photo is required for new applicants and is optional for renewals.
- OUT-OF-STATE TRAINING**:: Any person who has not completed training by an Arkansas licensed training provider must submit an

- ORIGINAL** certificate for a *two-hour Arkansas Regulations Awareness*, which has been conducted by a training provider licensed in accordance with Regulation 21.1907.
- Include correct fee – Payment must be exact or it may be returned without processing application. Transaction fee may apply to online payments.
- Mail completed Packet to: ADEQ – Air Division • Asbestos Section • 5301 Northshore Drive • North Little Rock, AR 72118-53171
- Incomplete applications may be returned without processing.

### ADEQ Asbestos Section Use, ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Process Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
Type of ID Provided: \_\_\_\_\_ Notes: \_\_\_\_\_