

Asbestos Certification or ID Card Replacement

REPLACEMENT REQUEST REQUIREMENTS VERIFICATION CHECK LIST

Follow the **ASBESTOS CERTIFICATION OR ID CARD REPLACEMENT REQUEST FORM REQUIREMENT VERIFICATION CHECK LIST** to ensure that you include all required documents. An incomplete replacement request packet (form and documents) may be returned without processing.

1. Indicate method of payment on replacement request form. Include payment if paying by check or money order.
2. Complete ALL fields on replacement request form.
3. Attach a copy of one of the following acceptable forms of ID; check which one applies:

Driver's license	Photo from training class	State issued identification
Copy of training certificate	ADEQ discipline certificate (original or copy)	

4. Deliver or mail completed packet (replacement request form and required documents) to:

ADEQ Asbestos Program
5301 Northshore Drive
North Little Rock, AR 72118-5317

Replacement request will not be processed until payment is received.

Asbestos Certificate or ID Card Replacement

REPLACEMENT REQUEST FORM

REPLACEMENT TYPE INFORMATION

I. **REPLACEMENT TYPE:** CERTIFICATE ID CARD Current License Number: _____

DELIVERY OPTIONS INFORMATION

II. **DELIVERY OPTIONS:** **MAIL:**

PICK-UP: **ADEQ Main Office**
Asbestos Program
5301 Northshore Drive,
North Little Rock, AR 72118-5317

PAYMENT METHOD INFORMATION

III. CERTIFICATE OR ID CARD -- \$15 REPLACEMENT FEE

PAYMENT METHODS: CHECK/MONEY ORDER INCLUDED Check or Money Order Number: _____
CASH (WALK-INS ONLY)
CREDIT CARD (ONLINE ONLY) Note: Transaction fee may apply.
If you opt to pay by credit card, we will contact you with an INVOICE NUMBER for ONLINE USE.

PERSONAL INFORMATION

IV. FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ FAX: _____
Email Address: _____

BUSINESS INFORMATION

III. BUSINESS NAME: _____
Address: _____
City: _____ State: _____ ZIP: _____
Business Phone: _____ Business FAX: _____
Contact Email Address: _____ Website: _____
Contact Person: _____ Contact Title: _____

VALIDATION AND CERTIFICATION INFORMATION

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

Printed Name: _____ Title: _____
Signature: _____ Date: _____

ADEQ ASBESTOS ABATEMENT PROGRAM USE ONLY

DATE RECEIVED:		RECEIVED BY:	
DATE PROCESSED		INVOICE NUMBER:	
TYPE OF ID PROVIDED:			

NOTES: