



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Bureau of Environmental Health

Asbestos Control Section
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366
(785) 296-6024 - phone
(785) 296-1545 - fax



CERTIFICATION NUMBER
EXPIRATION DATE
For Office Use Only

ASBESTOS CONTROL WORKER APPLICATION FORM

GENERAL INSTRUCTIONS:

This application form is intended to provide information required before a person can be certified to engage in, or supervise, asbestos control work. Submission of a completed application form must be accompanied by the required training certificate(s), certification fee (\$20.00 for Class I Worker, \$40.00 for Class II Supervisor) in the form of a check or money order made payable to the Kansas Department of Health and Environment before a certificate can be issued.

The completed application form, certification fee, and copies of all AHERA training certificates should be mailed to the above address.

(Please print clearly using black ink or type)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Last First MI

Applicant's Mailing Address: \_\_\_\_\_ PO Box / Street / Apt. No.

\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of certification being applied for: Class I Worker \_\_\_\_\_ Class II Supervisor \_\_\_\_\_

Present Employer: \_\_\_\_\_

TRAINING

Provide the following information concerning the most recent federal EPA or state approved course that you have successfully completed, as required for certification in Kansas, and attach copies of all certificates, initial training and refresher training, you have attended. If this application is for renewal of a current Kansas certification you may only submit a copy of the most recent training certificate.

PLEASE CIRCLE ONE OF THE FOLLOWING COURSE TITLES BEING APPLIED FOR:

- Asbestos Initial Worker Asbestos Worker Refresher
Asbestos Contractor/Supervisor Initial Asbestos Contractor/Supervisor Refresher

Name of Course Provider: \_\_\_\_\_

Name of Agency that Approved Course: EPA \_\_\_\_\_

City & State where Course was Attended: \_\_\_\_\_

Date(s) Course was Attended: \_\_\_\_\_

REMEMBER TO ATTACH THE REQUIRED TRAINING CERTIFICATE(S).

I hereby certify that all of the information provided in this application is complete and correct to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Original signature is required before certification card can be issued.

Form ET-ASB2

(08/09)