

**South Dakota Department of Agriculture and Natural Resources
Division of Agriculture and Environmental Services**

APPLICATION FOR ASBESTOS CERTIFICATION

PLEASE PRINT

1. Name: _____
(Last Name) (First) (Middle)

2. Mailing address: _____
(Street) (City) (State) (Zip)

3. Name of business or present employer: _____

4. Business address: _____
(If different from above) (Street) (City) (State) (Zip)

5. Has this company's name changed within the past five (5) years? Yes No If
Yes, attach former names and addresses.

6. Telephone numbers: _____
(Business) (Home)

IDENTIFICATION INFORMATION:

7. Date of Birth: _____ 8. Social Security No: _____

9. Are you authorized to work in the United States? Yes No

If Yes, are you: United States citizen

Resident alien
(List alien number _____)

Alien authorized to work in United States
(List authorization number _____)

19. Please return the signed/completed application form and attachments to:

**South Dakota Department of Agriculture and Natural Resources
Attention: Asbestos Coordinator
Waste Management Program
523 East Capitol Avenue
Pierre, South Dakota 57501-3181
Telephone: (605) 773-3153
Fax: (605) 773-6035**

20. **AFFIDAVIT**

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I have read, understand, and will comply with the South Dakota and federal regulations concerning asbestos. I also understand that failure to provide full disclosure of any of the required information or to comply with the applicable statutes and regulations may result in processing delays, rejection of this application, or civil and criminal penalties pursuant to SDCL Chapter 34-44. Applicant's signature below indicates that within the past 36 months certification or authorization to perform asbestos work has not been suspended or revoked by any other state, and that no enforcement actions by any jurisdiction are pending against the application.

(Applicant's Signature)

(Date)

Sworn to before me this _____ day of _____, _____.

(Seal)

Signature of Notary Public