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	y)	(State)	(Zip)
3. Name of business or j	present employer:			
4. Business address:				
(If different from above)	(Street)	(City)	(State)	(Zip)
5. Has this company's na Yes, attach former names	•	in the past five (5) years	? Yes	No If
6. Telephone numbers:	(Business)		(Home)	-
IDENTIFICATION IN	FORMATION:			
7. Date of Birth:		8. Social Security No:		
9. Are you authorized to	work in the Unit	ed States? Yes N	Го	
If Yes, are you: Ur	nited States citizen	1		
Alien auth)	

TYPE OF CERTIFICATION REQUESTED:

10. Inspector

11. Manage	ment Planner
12. Abatem	ent Project Designer
13. Asbesto	s Abatement Contractor/Supervisor
14. Asbesto	s Abatement Worker
FEE SCHEDULE:	
	(Initial (\$100) Renewal (\$50) [Original Certification Date:] plication form basis, not per discipline. An applicant may be certified ipline for the same fee. Subsequent applications require payment of
<u> </u>	mployees of the State, counties, municipalities, and other political empt from certification fees while performing official duties. exemption? Yes No
•	thorization to perform asbestos work currently or previously held:
	Certificate No.: Issued By:
	Copies of diploma(s) documenting successful completion of an EPA or South Dakota approved asbestos—training course. The diploma must be appropriate to the discipline(s) for which applicant wishes to be certified
,	For renewal applications, a copy of the applicant's present certificate issued by the South Dakota Department of Agriculture and Natural Resources.
C)	Check or money order made payable to: South Dakota Department of

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	_