



Asbestos Inspector Application

(In accordance with the provisions of M.G.L. c. 149, § 6-6F½ and 454 CMR 28.00)

☐ Initial application ☐ Renewal application ☐ Duplicate application issue

License number: _____ Date: _____ Reviewer: _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

Section 1: Applicant information

Name: _____ Social Security Number: _____ Date of birth: _____

Address: _____ Phone: _____

City/Town: _____ State: _____ Zip: _____

Email address: _____

Mailing address (if different): _____

City/Town: _____ State: _____ Zip: _____

Employer: _____

Have you ever been required to register with the Sex Offender Registry Board as a Level 2 or Level 3 sex offender and/or do you currently have a matter pending before the Board? If yes, you will be given an opportunity to provide additional information in accordance with the DLS SORB policy. ☐ Yes ☐ No

Section 2: Employment experience

Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner on no fewer than 15 inspections, as prescribed in 454 CMR 28.07(5)(b)1. Attach separate sheet(s) or a detailed resume outlining projects, dates, responsibilities, and name and certification number of immediate supervisor, if necessary.

Name and address of employer: _____

Phone: _____ Current Position/Title: _____

Duties and Responsibilities:

Dates employed from: _____ to: _____

Supervisor's name and position/title: _____

If claiming two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner; please include the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).

- a. A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, and legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 28.05(C) and 5.5(a) through (f). Original training certificates will be returned after review of the application.
- c. A high school diploma or its equivalent.
- d. Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 454 CMR 28.07(5)(b)1.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. An online payment made at mass.gov/dls-online-payment in the amount of \$625.00. If the Director denies, revokes, suspends, or refuses to renew a certificate the fee payment is not refundable. A person applying for certification as an Asbestos Inspector and as an Asbestos Management Planner at the same time need pay only one \$625.00 fee. Renewal applications must be submitted via online at lead&asbestosenforcement@mass.gov.

Section 4: Payment of tax obligations and Statement of Compliance

I, _____ (Print name) do hereby certify, that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 454 CMR 28.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signed under the penalties of perjury,

Signature: _____ Date: _____

Applicants for initial certification only shall apply in person at one of the DLS offices listed below:

Monday-Walk-in service: 9am to 3pm; 19 Staniford Street, 2nd Floor, Boston, MA 02114; (617) 626-6030 or (617) 626-6964

Tuesday-Walk-in service: 1st Tuesday of the month, 9am to 3pm; 1 Federal St., Building 101, 3rd Floor, Springfield 01105; (413) 735-6202

Wednesday-Walk-in service: 9am to 3pm; 4 Summer Street, Room 212, Haverhill, MA 01830; (978) 641-5600

Do not send payments in the mail if applicants are renewing their licenses. Payment for renewals must be done online at [DLS online payment](https://mass.gov/dls-online-payment). Please forward your completed application to lead&asbestosenforcement@mass.gov.