



Asbestos Management Planner Application

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ 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: _____

Section 2: Education beyond high school (Attach additional sheets, if necessary)

Name and address of institution attended: _____

Degree/Certificate received: _____ Date of degree: _____

Field(s) of concentration: (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Project Planning | <input type="checkbox"/> Management | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Related Scientific Field |
| <input type="checkbox"/> Engineering, List type: _____ | | | |

If related scientific field, identify field and list courses of study:

Section 3: Employment experience

Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 454 CMR 28.07(2). 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: _____

Section 4: Attachments to be submitted with the application:

- a. A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- b. Original *Asbestos training certificates*, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 28.07(3). Original *training certificates* will be returned after review of the application.
- c. A copy of an *Associate Degree* or *certificate* in project planning, management, environmental sciences, engineering, construction, architecture, industrial hygiene, occupational health, or a related scientific field.
- d. Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 454 CMR 28.07 or a combination of education and experience equivalent to that set forth in 454 CMR 28.07(5).
- 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 judgments, 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. A money order or certified bank check payable to *the Commonwealth of Massachusetts* in the amount of the entire annual fee of \$625.00. 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. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 454 CMR 28.16, the fee payment is not refundable.

Section 5: 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) 626-6964.

Tuesday Walk-in Service: 1st Tuesday of the month, 9am to 3pm; 1 Federal St., Bldg. 101, 3rd Fl., Springfield, MA 01105; (413) 781-2676.

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

For renewal applicants only, please forward applications with required documentation to: Lead&asbestosenforcement@mass.gov.