



## Asbestos Project Monitor 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

Check here if you would like your phone number and email address made available to the public.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 3: Employment experience

Document a minimum of six months employment experience in the asbestos abatement field; or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 454 CMR 28.07(5)(b)4.

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 Project Monitor; 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 28.07(5)(b)4. Original training certificates will be returned after review of the application.
- c. Two years of college or an Associate's Degree or Technical Degree.
- d. Document a minimum of six months employment experience in the asbestos abatement field; or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 454 CMR 28.07(5)(b)(4)(d).
- 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. 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 Commissioner denies, revokes, suspends or refuses to renew a certificate for reasons specified in 454 CMR 28.16, the fee payment is not refundable.
- g. Renewal applications fees must be paid online at [mass.gov/dls-online-payment](http://mass.gov/dls-online-payment).

#### 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) 626-6960

**Tuesday-Walk-in service: 1st Tuesday of the month, 9am to 3pm;** 1 Federal St., Building 101, 3rd Floor, Springfield 01105; (413) 732-6210

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