



Asbestos Training Provider Application

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

- ☐ Initial Application License number: _____
☐ Renewal Application Date: _____
☐ Duplicate Application Issue Reviewer: _____

Please complete each section by printing or typing the information, attaching all required documentation and signing the application. Please note that incomplete applications, including missing attachments, will significantly delay application processing.

Section I: Applicant Information

Applicant or business name: _____
Phone number: _____ Fax: _____
Email address: _____ Website address: _____
Applicant or business location (street address): _____
City/Town: _____ State: _____ Zip: _____
Mailing Address (if different from above): _____
City/Town: _____ State: _____ Zip: _____
Federal Identification Number or Social Security Number: _____

Section II: Required Information and Attachments *Provide information below and attach the following:*

1. (A) ☐ If applicant is a Sole Proprietorships or Partnership: A copy of the *Business Certificate* as filed in the City or Town Clerk's Office of the city or town where the applicant is located.
- (B) ☐ If applicant is a Corporation or LLC:
- **Organized in Massachusetts in existence for less than one (1) year**, provide a copy of the short form *Certificate of Legal Existence*, issued by the Secretary of the Commonwealth's Office.*
 - **Organized in Massachusetts in existence for more than (1) year**, provide a *Certificate of Good Standing*, issued by the Secretary of the Commonwealth's Office.*
 - **Foreign Corporation** (a corporation transacting business in the Commonwealth of Massachusetts and organized under laws of a different state), provide a copy of the *Foreign Corporation Certificate* and a *Certificate of Good Standing* issued by the Secretary of the Commonwealth's Office. **Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512; Phone: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm Do not send the *Certificate of Good Standing* issued by the Massachusetts Department of Revenue.
- (C) ☐ Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.
2. Training course(s) set forth in 454 CMR 28.05 which you intend to offer (first box for in-person, second box for virtual):
Please check both boxes next to each course if you will also offer the course virtually.
- | | | |
|---|--|---|
| <input type="checkbox"/> Worker Initial | <input type="checkbox"/> Supervisor Initial | <input type="checkbox"/> Project Designer Initial |
| <input type="checkbox"/> Worker Refresher | <input type="checkbox"/> Supervisor Refresher | <input type="checkbox"/> Project Designer Refresher |
| <input type="checkbox"/> Worker Spanish Initial | <input type="checkbox"/> Inspector Initial | <input type="checkbox"/> Management Planner Initial |
| <input type="checkbox"/> Worker Spanish Refresher | <input type="checkbox"/> Inspector Refresher | <input type="checkbox"/> Management Planner Refresh |
| <input type="checkbox"/> Project Monitor Initial | <input type="checkbox"/> Project Monitor Refresher | <input type="checkbox"/> Associated Project Worker |
| <input type="checkbox"/> Worker Refresher | <input type="checkbox"/> Supervisor Refresher | <input type="checkbox"/> Project Designer Refresher |
| <input type="checkbox"/> Worker Spanish Initial | <input type="checkbox"/> Inspector Initial | <input type="checkbox"/> Management Planner Initial |
| <input type="checkbox"/> Worker Spanish Refresher | <input type="checkbox"/> Inspector Refresher | <input type="checkbox"/> Management Planner Refresh |
| <input type="checkbox"/> Project Monitor Initial | <input type="checkbox"/> Project Monitor Refresher | <input type="checkbox"/> Associated Project Work |
3. If the applicant has employees, evidence that the Asbestos Training Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program must be provided with the application. Certificates of Insurance must include the assigned policy number, or other indication that asbestos training operations are covered under the policy, and list the Department of Labor Standards with current address as the certificate holder. If the applicant has no employees, a notarized statement to that effect must be submitted with the application.
4. 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 Responsible Persons of 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.

5. A sample agenda for each training course which the applicant intends to offer, which shows topics covered and the amount of time to be given to each topic.
6. A copy of the training manual and all printed material to be distributed in each course.
7. A description of the teaching methods to be employed, including audio-visual aids.
8. A description of the hands-on training to be provided (where required), including protocols for instruction, training methods, numbers of students to be accommodated, and ratio of students to instructors.
9. A description of the equipment that will be used in both classroom lectures and in hands-on training.
10. A list of the names and qualifications of the persons who will provide the training in each course, including their education, training, and experience.
11. An example of the written examination to be given in each course.
12. A list of the tuition or other fees required.
13. A copy of the certificate of completion to be given to participants. The certificate should conform to the requirements to 454 CMR 28.05(2)(h) and include the exact location of the training.
14. A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide asbestos training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
15. A statement made under the penalties of perjury by a Responsible Person of the applicant that the applicant will comply with the applicable requirements of 454 CMR 28.00.
16. An online payment made at mass.gov/dls-online-payment in the amount of \$1,750.00. If the Director denies, revokes, suspends or refuses to renew a certificate the fee payment is not refundable.

Section III: Payment of Tax Obligations and Statement of Compliance

I, _____, _____,
PRINT NAME PRINT TITLE

hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.

I further state, that all employees to be engaged in Asbestos Work are certified or will be certified prior to any work being performed by them, pursuant to the requirements of 454 CMR 28.00.

I further state, 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: _____

A certificate as an Asbestos Training Provider is valid for a period of one year. The Director may renew an *Asbestos Training Provider Certificate* upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Department of Labor Standards no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 454 CMR 28.05(5). The Director may waive the requirement for resubmission of information specified at 454 CMR 28.05 where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

Please forward your completed application to lead&asbestosenforcement@mass.gov.

(FOR OFFICIAL DLS USE ONLY)

	Items approved by:	Date:
Fee received		
Workers Compensation		
Art of organization/Annual Report/DBA		
Manuals/Updates submitted		
Copies of all Violations		
Services approved	<input type="checkbox"/> Worker Initial	<input type="checkbox"/> Supervisor Initial
	<input type="checkbox"/> Worker Refresher	<input type="checkbox"/> Supervisor Refresher
<input type="checkbox"/> Worker Spanish Initial	<input type="checkbox"/> Worker Spanish Refresher	<input type="checkbox"/> Project Designer Initial
<input type="checkbox"/> Project Monitor Initial	<input type="checkbox"/> Project Monitor Refresher	<input type="checkbox"/> Project Designer Refresher
<input type="checkbox"/> Associated Project Worker Initial	<input type="checkbox"/> Planner Initial	<input type="checkbox"/> Management Planner Refresher
<input type="checkbox"/> Inspector Initial	<input type="checkbox"/> Inspector Refresher	
DUA/FSC		
Application Complete - OK to Issue		