

ASBESTOS APPLICATION – INDIVIDUAL

Your Social Security number (SSN) is required to determine delinquency in payment of child support or state taxes, but will not be made available to the public. If you are found delinquent, your certification will be denied under Wis. Stat. §§ 250.041 or 254.115.

APPLICANT INFORMATION		For DHS Use Only – DHS Number	
Name – First	Middle	Last	Suffix (Jr, Sr, III)
Social Security Number (required)	Date of Birth (mm/dd/yyyy)	DHS Number (if known)	
Mailing Address	City	State	Zip Code
Phone Number	Email		

TRAINING List most recent training course completed. If any training taken outside Wisconsin, complete page 2.			
Training Provider	Class Date	City	State

CERTIFICATION AND FEES Select your discipline and submit the corresponding fee(s).	
Pay by check or money order made payable to DHS . To pay by credit or debit card, apply online at www.dhs.wi.gov/WALDO . Cash is not accepted. Fees are nonrefundable. Additional fee for checks not honored by the bank.	

Applying for: <input type="checkbox"/> Abatement Worker - \$75 <input type="checkbox"/> Abatement Supervisor - \$125 <input type="checkbox"/> Exterior Worker - \$125 (one-time) <input type="checkbox"/> Exterior Supervisor - \$75	<input type="checkbox"/> Inspector - \$175 <input type="checkbox"/> Management Planner - \$125 <input type="checkbox"/> Project Designer - \$175 <input type="checkbox"/> Replacement certification card - \$25	Additional requirements for out-of-state trained applicants: <input type="checkbox"/> Out-of-state training processing fee - \$25 <input type="checkbox"/> Complete page 2, Additional Requirements
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COMPANY INFORMATION			
<input type="checkbox"/> My asbestos company application is enclosed. <input type="checkbox"/> I will work for a certified asbestos company before I do any regulated work. <input type="checkbox"/> I currently work for the certified asbestos company listed below.			
Company Name	DHS Company Number (if known)		
Mailing Address	City	State	Zip Code

ENFORCEMENT ACTIONS
Within the past five years, was action taken against you for a civil or criminal violation of any federal, state, or local asbestos or other environmental statute or regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach documentation explaining what action was taken, why, and by whom.

SIGNATURE
I affirm that the information submitted on this application is correct. I understand that any false information provided may be grounds for denying or revoking my certification. I understand that I must comply with Wisconsin asbestos regulations.

SIGNATURE – Applicant	Date Signed
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Your provisional certification lasts until your certification card is issued and is NOT effective until you mail this form with fee and any required attachments to: State of Wisconsin PO Box 93419 Milwaukee WI 53293-3328 If you have questions, call 608-261-6876.	For DHS Use Only <input type="checkbox"/> DCF Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check No. _____ <input type="checkbox"/> Money Order No. _____ Amount Paid \$ _____ Deposit Date _____
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ADDITIONAL REQUIREMENTS when required training was completed outside Wisconsin.

All the following are required for certification. If you have questions, call 608-261-6876.

- Complete a refresher training class in Wisconsin. A list of training providers offering accredited asbestos refresher courses is available online at www.dhs.wisconsin.gov/asbestos.
- Submit COPIES of all training diplomas. Provide copies of training diplomas going back to the most recent initial class, and every refresher since then, taken in another state. **Please DO NOT SEND ORIGINAL diplomas, we cannot guarantee their safe return.** To be eligible for certification, there may be no more than 2 years between any 2 consecutive classes, dating back to your initial training.
- Pay the additional \$25 fee to process out-of-state training (see "Additional requirements for out-of-state trained applicants" on page 1).
- List all asbestos certifications, licenses or approvals for the discipline that were issued by another state within the past 5 years:

Type of Certification, License, or Approval	Issuing State

SIGNATURE – Applicant

Date Signed