

Ohio Department of Health  
**Asbestos Certification Application**  
 Ohio Administrative Code Chapter 3701-34

- Complete one application typed or printed legibly in ink, for each certification category.
- Attach a copy of the applicant's training course certificate(s). If training was completed through an Ohio Department of Health approved training course provider, the applicant may enter the training course certificate number in Box #21 below in lieu of attaching the training course certificate.
- Provide one clear, current and color photo of the applicant only by one of the following methods:
  - Photo e-mailed to [asbestos@odh.ohio.gov](mailto:asbestos@odh.ohio.gov). Name file with applicant's last name and last four digits of social security number (jones 1234).
  - Photo attached to application with applicant's name written on back of the photo.
- Attach check or money order, made payable to Treasurer, State of Ohio.
- Mail to: Ohio Department of Health, Accounts Receivable, PO Box 15278, Columbus, OH 43215.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Application Type – Check only one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     |  |
| <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Certification # _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                     |  |
| Certification Category – Check only one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                     |  |
| <input type="checkbox"/> Asbestos Hazard Abatement Specialist      \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Asbestos Hazard Abatement Air Monitoring Technician      \$100.00                                                          |  |
| <input type="checkbox"/> Asbestos Hazard Evaluation Specialist      \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Asbestos Hazard Abatement Worker      \$50.00                                                                              |  |
| <input type="checkbox"/> Asbestos Hazard Abatement Project Designer      \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     |  |
| 1. Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. Date of Birth                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Mail my certification letter and identification card to:<br><input type="checkbox"/> Applicant address <input type="checkbox"/> Employer Address |  |
| 4. First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 5. Middle Name                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 6. Last Name                                                                                                                                        |  |
| 7. Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 8. City                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 9. State                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 10. Zip                                                                                                                                             |  |
| 11. Home Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 12. E-mail Address                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                     |  |
| 13. Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 14. Employer Phone                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 15. Fax Number                                                                                                                                      |  |
| 16. Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 17. City                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 18. State                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 19. Zip                                                                                                                                             |  |
| 20. E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 21. Training Course Certificate Number (If ODH approved course)                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                     |  |
| 22. List other state asbestos licenses or certificates you hold or have held.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                     |  |
| 23. Have you ever been convicted of a felony under any state or federal law designated to protect the environment?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, attach a detailed explanation.                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |  |
| 24. If you are a United States armed forces service member or veteran, or the spouse or surviving spouse of a service member or veteran and would like to receive priority expedited certification processing, check <input type="checkbox"/> Yes.<br>If Yes, mark the appropriate box below and submit acceptable proof of service member or veteran status as required by Ohio Administrative Code rule 3701-34-03(B).<br><input type="checkbox"/> Service Member <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse |  |                                                                                                                                                     |  |

Provision of your social security number (SSN) is mandated by Ohio Revised Code section 3123.50 and Ohio Administrative Code Chapter 3701-34. Your SSN may be used for purposes including, but not limited to, identification of obligators under child support orders and verification of identity.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course certificate(s) and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

**Knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made in order to gain approval is a criminal offense. See Ohio Revised Code section 2921.13.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For Office Use Only