

Ohio Department of Health  
**Asbestos Contractor Licensure Application**  
 Ohio Administrative Code 3701-34

- Application typed or printed legibly in ink.
- Enclose a list of projects completed within the last 12 months with the client names, addresses, contact names, phone numbers and completion dates.
- Enclose written detailed copy of your respiratory protection program, medical monitoring program, overall work practices (i.e. worksite containment, decontamination and removal procedures, clean-up and disposal) and proof of registration with the Ohio Secretary of State.
- \$750.00 check/money order, made payable to Treasurer, State of Ohio.
- Mail to: Ohio Department of Health, Accounts Receivable #2410, PO Box 15278, Columbus, OH 43215.

Application Type - Check only one <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – License # _____				Federal Tax ID #	
1. Contractor Name					
2. CEO Name					
3. Street Address			4. City	5. State	6. Zip
7. Business Phone		8. Fax Number		9. E-mail Address	
10. Mailing Address (if different than street address)			11. City	12. State	13. Zip
<b>14. List all business entity owners, partners, and officers' names, titles and social security numbers.</b>					
First Name	Middle Initial	Last Name	Title	Social Security Number	
<b>15. List the name and certification number of one Ohio certified asbestos hazard abatement specialist employed by your company.</b>					
Name			Certification #		
<b>16. List all other state asbestos licenses the business holds or have held and their numbers.</b>					
State	Number		State	Number	
17. Have any incomplete asbestos abatement activities, penalties, citations or lawsuits been filed against the business? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, attach a detailed explanation and how they were resolved.					
18. Has any employee or officer of the business ever been convicted of a felony under any state or federal law designated to protect the environment? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, attach a detailed explanation.					

Provision of social security numbers (SSN) is mandated by Ohio Revised Code 3123.50 and Ohio Administrative Code 3701-34. SSNs may be used for purposes including, but not limited to, identification of obligors 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 all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

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

\_\_\_\_\_  
 Date

For Office Use Only

Receipt #:	Approved by & date:
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