

Ohio Department of Health
Asbestos Training Program Application
 Ohio Administrative Code 3701-34

- One application, typed or printed legibly in ink, for each approval category.
- Attach copies of your curriculum, course materials, course hours, written examination, completion certificate, trainer qualifications and a letter that clearly indicates how the training course meets or exceeds the applicable requirements set forth by the U.S. EPA Model Accreditation Plan (40 CFR Part 763 Subpart E, appendix C) and the Ohio Administrative Code 3701-34.
- 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 - <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Approval #			
Initial Course Approval Category - Check only one <input type="checkbox"/> Asbestos Hazard Abatement Air Monitor Technician \$900.00 <input type="checkbox"/> Asbestos Hazard Abatement Project Designer \$900.00 <input type="checkbox"/> Asbestos Hazard Abatement Specialist \$900.00 <input type="checkbox"/> Asbestos Hazard Abatement Worker \$900.00 <input type="checkbox"/> Asbestos Hazard Evaluation Specialist \$900.00		Refresher Course Approval Category - Check only one <input type="checkbox"/> Asbestos Hazard Abatement Project Designer \$300.00 <input type="checkbox"/> Asbestos Hazard Abatement Specialist \$300.00 <input type="checkbox"/> Asbestos Hazard Abatement Worker \$300.00 <input type="checkbox"/> Asbestos Hazard Evaluation Specialist \$300.00	
1. Provider Name		2. Federal Tax ID #	
3. Address		4. City	5. State
6. Zip		7. Business Phone	
8. Fax Number		9. Course Director Name	
10. E-mail Address		11. Website Address	
12. Does this course currently have full or contingent approval by the U.S. EPA or by a state under an accreditation program approved by the U.S. EPA? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach documentation of approval.			
13. Has your training program ever been denied, suspended or revoked by the U.S. EPA or by a state with EPA accreditation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			
14. Has the training company or any of its associates/partners ever been convicted of a felony under any state or federal law designed to protect the environment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a detailed explanation.			

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course information 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.

 Applicant Signature

 Date

For Office Use Only

Receipt #:	Approved by & date:
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