



ASBESTOS BUSINESS APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY

BUDGET/FUND: <u>ZZ112-178</u> REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	RCVD DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____ FILE # _____ APP # _____
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This application is a(n)	The business structure is	I am applying for
INITIAL APPLICATION <input type="checkbox"/>	SOLE PROPRIETERSHIP <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>
RENEWAL APPLICATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CONSULTANT AGENCY <input type="checkbox"/>
DUPLICATE LICENSE <input type="checkbox"/>	LIMITED PARTNERSHIP <input type="checkbox"/>	MANAGEMENT PLANNER AGENCY <input type="checkbox"/>
If renewing Current License # <input style="width: 50px;" type="text"/> Exp date <input style="width: 50px;" type="text"/>	LLP <input type="checkbox"/>	TRANSPORTER <input type="checkbox"/>
	LLC <input type="checkbox"/>	LAB <input type="checkbox"/>
	CORPORATION <input type="checkbox"/>	O & M CONTRACTOR <input type="checkbox"/>

What type of Lab are you							
Not Applicable	<input type="checkbox"/>	PCM	<input type="checkbox"/>	PLM	<input type="checkbox"/>	TLM	<input type="checkbox"/>

COMPANY NAME		DOING BUSINESS AS NAME		
FEIN #	TELEPHONE NUMBER	EMAIL ADDRESS		
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
RESPONSIBLE PERSON NAME (last, first, m.i.)		LICENSE #	DRIVERS LICENSE #	
RESPONSIBLE PERSON ADDRESS		CITY	STATE	ZIP CODE

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

DATE	RESPONSIBLE PERSON SIGNATURE

Mailing Address

Department of State Health Services
Cash Receipts Branch - MC 2003
PO Box 149347
Austin, TX 78714-9347

FEE SCHEDULE

	CONTRACTOR	CONSULTANT AGENCY	MANAGEMENT PLANNER AGENCY	TRANSPORTER	LAB	O & M CONTRACTOR
NEW/ RENEWAL	\$1,070	\$430	\$430	\$430	\$430	\$260
EXPIRED < 90 DAYS	\$1,605	\$645	\$645	\$645	\$645	\$390
EXPIRED > 90 DAYS	\$2,140	\$860	\$860	\$860	\$860	\$520
TEXAS ONLINE FEE	\$32	\$13	\$13	\$13	\$13	\$5
DUPLICATE CERT	\$20	\$20	\$20	\$20	\$20	\$20

IMPORTANT INFORMATION

To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.

You may pay for your license online at <https://dshs.texas.gov/asbestos/> and mail documentation requirements & copy of the online payment to address provided on page one. Documentation requirements must be postmarked prior to expiration of license.

You may also email your documentation requirements to asbestos.reg@dshs.texas.gov .

If your license has been lost or stolen, you must submit a duplicate application form.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.texas.gov/> / para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)

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