



**FOR DSHS USE ONLY**  
BUDGET/FUND: ZZ112-178

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Asbestos Provisional License Application**

<b>DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY</b>	
Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

**PLEASE COMPLETE THE FOLLOWING:**

Check the License Type of Provisional License you are Applying for:  Asbestos Abatement Worker  
 Asbestos Inspector  Individual Management Planner or  Asbestos Abatement Supervisor

Applicant Name: (First, M.I., Last) \_\_\_\_\_ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) \_\_\_\_\_

( \_\_\_\_\_ )  
Telephone Number (including area code) \_\_\_\_\_ Date of Birth: (month/day/year) \_\_\_\_\_

Applicant's Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Mailing Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Name (if applicable) \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Employer 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. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

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

Date \_\_\_\_\_

**Mailing address for applications containing money:**

Department of State Health Services - MC 2003  
Environmental & Sanitation Licensing Group  
PO Box 149347  
Austin, Texas 78714-9347

**Mailing address for all other mail:**

Department of State Health Services – MC2835  
Environmental & Sanitation Licensing Group  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756

## IMPORTANT INFORMATION

The following documentation is required for licensure in accordance with §295.39 of the Texas Asbestos Health Protection Rules

### **License fees: (180 day term)**

- Asbestos Abatement Worker: \$30
- Asbestos Inspector: \$60
- Individual Asbestos Management Planner: \$120
- Asbestos Abatement Supervisor: \$300

### **Requirements for License:**

- Proof of being licensed or registered in good standing in another state for a minimum of 2 years that has licensing or registration requirements substantially equivalent Texas requirements
- Proof of a current license or registration in another state
- Proof of passing a national or other examination recognized by the Department relating to the provisional license requested
- Proof of liability insurance, or
- Name of Employer is included in the application and the employer is licensed by the state of Texas.

### 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.state.tx.us/> 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.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)