



ASBESTOS BUSINESS APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY

BUDGET/FUND: <u>ZZ112-178</u> REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	FILE # _____ APP # _____	RCVD DATE: _____ INIT: _____ POST MK DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____
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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"/>
	LLP <input type="checkbox"/>	TRANSPORTER <input type="checkbox"/>
	LLC <input type="checkbox"/>	LAB <input type="checkbox"/>
	CORPORATION <input type="checkbox"/>	TRAINING PROVIDER <input type="checkbox"/>
		O & M CONTRACTOR <input type="checkbox"/>

If renewing:
Current License # Exp date

COMPANY NAME	DOING BUSINESS AS NAME		
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 for applications with money

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

Mailing address for applications without money

Department of State Health Services
Environmental & Sanitation Unit – MC 2835
PO Box 149347
Austin, TX 78714-9347

Mailing address for Overnight (Fed-Ex, UPS)

Department of State Health Services
Environmental & Sanitation Unit – MC2835
1100 West 49th St
Austin, TX 78756

IMPORTANT INFORMATION

FEE SCHEDULE

	ASBESTOS CONTRACTOR	CONSULTANT AGENCY	MANAGEMENT PLANNER AGENCY	ASBESTOS TRANSPORTER	ASBESTOS LAB	O & M CONTRACTOR
NEW/RENEW	\$1,102	\$443	\$443	\$443	\$443	\$265
EXPIRED < 90 DAYS	\$1,637	\$658	\$658	\$658	\$658	\$395
EXPIRED > 90 DAYS	\$2,172	\$873	\$873	\$873	\$873	\$525
DUPLICATE LICENSE	\$20	\$20	\$20	\$20	\$20	\$20

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.

To see a list of what documentation needs to be included with your application, please visit

https://www.dshs.texas.gov/List_of_Licensing/Registration_requirements_by_License_type.asp

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.)