



ASBESTOS INDIVIDUAL APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY		
BUDGET/FUND: <u>ZZ112-178</u> REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>PLACE 1 INCH BY 1 INCH COLOR PHOTO HERE</p>	RCVD DATE: _____ INIT: _____ POST MK DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____ FILE # _____ APP # _____

I am a	This application is a(n)	I am applying for
MILITARY MEMBER <input type="checkbox"/>	INITIAL APPLICATION <input type="checkbox"/>	WORKER <input type="checkbox"/>
VETERAN <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	SUPERVISOR <input type="checkbox"/>
MILITARY SPOUSE <input type="checkbox"/>	DUPLICATE LICENSE <input type="checkbox"/>	AIR MONITORING TECH <input type="checkbox"/>
NONE OF THE ABOVE <input type="checkbox"/>		INSPECTOR <input type="checkbox"/>
		PROJECT MANAGER <input type="checkbox"/>
		INDIVIDUAL CONSULTANT <input type="checkbox"/>
		MANAGEMENT PLANNER <input type="checkbox"/>
		O & M SUPERVISOR <input type="checkbox"/>

IF RENEWING,
CURRENT LICENSE # EXP DATE

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE	SOCIAL SECURITY #	PHONE #	EMAIL ADDRESS		
HOME ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS			CITY	STATE	ZIP CODE
EMPLOYER NAME				EMPLOYER PHONE #	
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.

DATE	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 – MC 2835
1100 West 49th St
Austin, TX 78756

FEE SCHEDULE

	AIR MONITORING SUPERVISOR	ASBESTOS SUPERVISOR	ASBESTOS WORKER	ASBESTOS TECHNICIAN	ASBESTOS INSPECTOR	PROJECT MANAGER	INDIVIDUAL ASBESTOS CONSULTANT	INDIVIDUAL ASBESTOS PLANNER (RESTRICTED)	O & M SUPERVISOR (RESTRICTED)
NEW/ RENEWAL	65	645	110	130	320	645	260	225	
EXPIRED < 90 DAYS	97.50	967.50	165	195	480	967.50	390	337.50	
EXPIRED > 90 DAYS	130	1290	220	260	640	1290	520	450	
TEXAS ONLINE FEE	2	5	3	2	5	5	5	5	
DUPLICATE ID	20	20	20	20	20	20	20	20	

IMPORTANT INFORMATION

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 pay for your license online at vo.ras.dshs.state.tx.us, then 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.

MILITARY DESIGNATION & MILITARY SPOUSES	
<input type="checkbox"/>	DOCUMENTATION OF MILITARY, VETERAN, OR MILITARY SPOUSE STATUS
<input type="checkbox"/>	MILITARY MEMBERS , PROVIDE PROOF OF MILITARY EXPERIENCE & TRAINING TO BE CONSIDERED TOWARDS LICENSURE. INITIAL LICENSE FEES ARE WAIVED WITH PROOF OF HONORABLE DISCHARGE.
<input type="checkbox"/>	MILITARY SPOUSES , PROVIDE PROOF OF CURRENT LICENSURE IN ANOTHER JURISDICTION THAT HAS LICENSURE REQUIREMENTS EQUIVALENT TO TEXAS

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

You have the right to request copies of information that the State of Texas collects about you. You have the right to ask state agencies to correct any incorrect information. See dshs.texas.gov for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559,003 and 559.004)

Tiene derecho a solicitar copias de la información que el Estado de Texas recopila sobre usted. Tiene derecho a pedir a las agencias estatales que corrijan cualquier información incorrecta. Consulte dshs.texas.gov para obtener más información sobre la notificación de privacidad. (Referencia: Código del Gobernador, Sección 552.021, 552.023, 559,003 y 559.004)