

COMPANY NAME _____

APPLICATION FOR ASBESTOS REGISTRATION CHECKLIST

This checklist should be used by the duly authorized management representative of the applicant company as an aid in preparing the application for renewal package and for final review prior to submission.

1. \$350.00 REGISTRATION FEE ENCLOSED. Payable to: Asbestos Contractors Registration

2. APPLICATION FORM

All lines are filled in with the information requested or indicating "Not Applicable".

Assurances and Declaration of Applicant statement is initialed (X's and check marks are not accepted).

Completed application has original signature.

3. ADDITIONAL CALIFORNIA LOCATIONS FORM (add pages if necessary)

Form completed and signed.

4. RELATED ENTITIES FORM (add pages if necessary)

Form completed and signed.

5. EMPLOYER'S TRUST ACCOUNT FORM/ MEDICAL INSURANCE COVERAGE

All blanks filled in with the information requested.

Bank statement is current and shows the name of Account holder and bank, bank address, phone number, and sufficient balance.

If coverage is through Union Trust or other health provider, letter or contract is current and has the correct language stated in the application instructions.

6. WORKERS COMPENSATION INSURANCE

Workers' Compensation Insurance is current, has the Name of Insured, Term of Insurance, and Certificate Holder is:

DOSH-Asbestos Unit
2424 Arden Way, Suite 495
Sacramento, CA 95825-2417

Policy Declarations/Information page is from the insurance carrier, not the broker and shows the different class codes covered by the policy.

7. ROSTER OF PERSONNEL CERTIFIED FOR ASBESTOS-RELATED WORK

- If using photocopies or computer printouts, format is exactly the same as the form included in the renewal package.
- All blank columns are filled in with the requested information.
- All training certificates are included in the application package.
- Completed form has original signature and date.

8. Part V

- Part V Policies & Procedures and Programs for Asbestos-Related Work completed.
- Part V Checklist accurately completed (denote page and paragraph of each item).

9. MISCELLANEOUS FORMS & DOCUMENTS

- Current organizational chart is attached.
- Assurances of Supervisor form is signed and dated.
- Compliance Report Form (information for any inspections of your company conducted during the last 12 months, that resulted in the discovery of alleged violative conditions associated with asbestos related work) is provided.
- Ownership documentation (Articles of incorporation, etc.).
- Proof of Legal Status in the U. S (Cal/OSHA-W-1, birth certificate, passport, etc)
- Copy of Contractor license (pocket license and wall certificate)

Checked, verified correct, and in order by:

_____ **Contact Name**

_____ **Signature**

_____ **Registration #**

_____ **Phone #**

_____ **Date**