

EMPLOYER APPLICATION FOR ASBESTOS REGISTRATION**Part I: General Information**

Contractor License Number _____

a) Entity Name: _____

DBA (if applicable): _____

b) Contact Information

Main Office Address: _____

Street Address

City

State

Zip

Mailing Address: _____

(If different)

Street or P.O. Box

City

State

Zip

Other California Business Addresses: No Yes

Telephone No.: (____) _____ Fax: (____) _____

E-mail Address: _____ Website Address: _____

c) Other Information:1. **Entity Type:** Corporation Partnership Sole Proprietorship Joint Venture Public Agency
Ownership Documentation Attached 2. **Proof of Legal Status in the U.S.:** 3. **Employees:** List the total number of all employees including office staff :

a. At the time of application _____ b. Maximum at any time in last 12 months _____

4. **Previous or Existing DOSH Asbestos Registration:** Yes No.5. **Previous Asbestos Activity:** Yes No.6. **Initial Compliance Report Form:** Have asbestos-related citations, Notice of Violation, or Notice to Comply been issued to your organization in the last 10 years? Yes No.7. **Related Businesses:** Are there other companies engaged in asbestos-related work (including sampling and consulting) in which your organization has a financial or proprietary interest, or are owned by family members? Yes No.d) **Registration Applied for:** Unrestricted Registration Roofing Only Registration

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Part II: Contractor Information

a) Licensing & Certification by CSLB

1. Name of the CSLB Licensee _____
2. Provide the name of the Qualifier for the CSLB C-22 classification on your license and/or for the Asbestos Certification (ASB) : _____
3. Write in whether your company's CSLB license includes the asbestos certification (ASBN), and or the C-22 classification

Note: Holders of unrestricted DOSH Registrations must have a C-22 classification on their license.

b) Other Contractor Information

1. **Primary Business:** General Contracting Asbestos removal Roofing Flooring Building Maintenance Heating & Ventilation Insulation Drywall Painting Other .
2. **Service Area:** North Coast Sacramento Valley Sierra North Central Valley S. F. Bay Area Central Coast Sierra South L. A. Area San Diego Area So. Cal. Inland Statewide

Part III: Medical Surveillance & Workers' Compensation Insurance Coverage

- (a) **Asbestos Medical Surveillance:** Trust Account Union Other Contract
Documentation Attached

- (b) **Worker's Compensation Insurance:** Directly insured Insured under Management co. contract
 Self-Insured Certificate and Policy Declarations attached

Part IV: Personnel Roster, Training and Certification

The Personnel Roster and training certificates for all individuals performing asbestos-related work and/or bulk sampling are attached .

Part V: Safety and Health Programs and Procedures

A copy of your policies, procedures, and programs and a completed Part V checklist are attached .

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Part VI: Assurances and Declarations

a) Each of the individual assurances below must be initialed by the highest level manager in the company with supervisory responsibilities for asbestos-related work. For contractors, in many cases this will be the CSLB licensee, CSLB license qualifier or the individual holding the Asbestos Certification (ASB) from the Contractors State License Board.

Statement: I hereby affirm under penalty of perjury that: (Initial the blanks by hand)

_____ I am the highest level manager in the company with supervisory responsibilities for asbestos-related work;

_____ I have knowledge of the occupational safety and health standards governing asbestos-related work;

_____ I have reviewed and have knowledge of the contents of the instructions for this application, and the answers and attachments we have provided and affirm that the information and assertions contained in this application and accompanying attachments are true and correct;

_____ The applicant will ensure that its employees and others under its direction who are performing asbestos-related work have the initial and annual training required by law and regulation;

_____ The applicant is proficient with and has the necessary equipment to safely perform asbestos-related work;

_____ The conditions, practices, means, methods, operations or processes the applicant uses or proposes to use will provide a safe and healthful place of employment;

_____ The applicant will require its officers, managers, all other employees and individuals under its direction to comply with the work-related procedures contained in its policies and procedures, as well as all other applicable occupational safety and health standards and lawful orders of the Division; and,

_____ A copy of these policies and procedures will be present at each work site as part of our Code of Safe Work Procedures and will be made available to our employees, and DOSH inspectors.

Date _____ Signed at _____
City State

Signature of Management Representative Initialing Assurances

Print Name and Title

Address & Telephone number if at different location than main office

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b) General Assurance Statement – For contractors, to be signed by the, Licensee, Qualifier and the holder of the Asbestos Certification from the Contractors State License Board. For other employers, to be signed by the manager of the safety program, asbestos program, and the direct supervisor of the competent persons. Where one individual holds more than one of these titles, they need sign only once and indicate the other titles they hold.

I have reviewed this application and all of its attachments. I have knowledge of the health and safety hazards associated with asbestos-related work. I will work diligently to assure that both management and non-management employees are provided with the resources, including training, needed to comply with our company's health and safety policies and with all legal requirements for asbestos-related work, including maintenance of employee exposure and medical surveillance records.

CSLB Licensee

Or Safety Program Manager	Signature	Name	Date Signed
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CSLB Qualifier

Or Asbestos Program Manager	Signature	Name	Date Signed
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ASB Certificate Holder

Or Competent Person's Supervisor	Signature	Name	Date Signed
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Application Contact Person:

Name		Title
Phone	Fax	E-mail

A violation of any provision of Chapter 6, Sections 6501.5, 6501.9, and 6503.5 of the Labor Code (LC) is a misdemeanor. Failure to comply with these provisions or the terms and conditions of registration, may result in suspension or revocation of the registration (LC Section 6505.5 and Title 8, California Code of Regulations, Section 341.14).

When submitting this application be sure to:

- ➔ Return all pages of this form with original signatures as required on pages 3 and 4
- ➔ Group and tab all attachments with the corresponding Part number of this application form
- ➔ Enclose the non-refundable \$350.00 initial registration application fee (Public Agencies are exempt). Make check or money order payable to "The State of California". Send to the following address (we recommend use of USPS Express Mail):

**Division of Occupational Safety and Health
Asbestos Contractor Registration Unit
2424 Arden Way, Suite 495
Sacramento, CA 95825-2417**

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Part I. (b) Additional California Business Addresses

(make additional copies if needed)

1. Address:

Street or P.O. Box

City State Zip

Telephone No.: (____) _____ Fax: (____) _____

Business Function at this Address: _____

2 Address:

Street or P.O. Box

City State Zip

Telephone No.: (____) _____ Fax: (____) _____

Business Function at this Address: _____

3 Address:

Street or P.O. Box

City State Zip

Telephone No.: (____) _____ Fax:(____) _____

Business Function at this Address: _____

I affirm under penalty of perjury, that:

- This is a complete list of our organizations locations in California where business activities associated with asbestos-related work are conducted, and equipment, supplies, vehicles, business records, and waste are stored.
- As all of our organization's locations in California associated with asbestos-related work are listed on page 1 of the application form, this form has been left blank as it is not applicable.

 Name of Applicant Title Company Name

 Signature of Applicant Date

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RELATED ENTITIES

Name: _____

Address: _____
Street or P.O. Box City State Zip

Telephone No.: (____) _____ Fax: (____) _____ License # (CSLB/CAC) _____

Lab. Consultant Contractor Trainer Relationship: shared ownership family other _____

Name: _____

Address: _____
Street or P.O. Box City State Zip

Telephone No.: (____) _____ Fax: (____) _____ License # (CSLB/CAC) _____

Lab. Consultant Contractor Trainer Relationship: shared ownership family other _____

Name: _____

Address: _____
Street or P.O. Box City State Zip

Telephone No.: (____) _____ Fax: (____) _____ License # (CSLB/CAC) _____

Lab. Consultant Contractor Trainer Relationship: shared ownership family other _____

I affirm under penalty of perjury, that:

This is a complete list of entity's engaged in asbestos-related work (or associated services including training, consulting, sampling, and laboratory analysis for asbestos) in California, which are owned by family members, or with which our organization otherwise has a financial or proprietary interest.

Our company does not have any relationships that meet the criteria stated above.

Name of Applicant Title Company Name

Signature of Applicant Date

EMPLOYER APPLICATION FOR ASBESTOS REGISTRATION**Assurances of the Supervisor of the Competent Persons**

(make additional copies if needed)

I _____ (print name and title) am the management official responsible for supervising the competent person(s) on a day-to-day basis, and:

- I have the authority and responsibility to discipline the competent persons
- I understand the Title 8 requirements for asbestos-related work, and acknowledge that they are minimum safety standards for all our company jobsites
- I have read our company's written policies and procedures, and affirm that they meet or exceed the Title 8 requirements for asbestos-related work
- I will take all reasonable steps within my authority to ensure that the competent persons follow our company's most recent policies and procedures and comply with all relevant Title 8 policies and procedures.

Signature _____

Date _____

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INITIAL COMPLIANCE REPORT

(make additional copies if needed)

During the last 10 years, our company was subject to an inspection where a regulatory agency documented the existence of violative conditions which were associated with asbestos-related work.

Date of Inspection: _____

Address of Job Site: _____

Inspecting Agency/Agencies: _____

Result of Inspection:

- Citation
- NOV (Notice of Violation)
- NC (Notice to Comply)
- Penalty
- Other

Additional information regarding this inspection:

Events that led to the existence of the alleged violative conditions _____

Competent person on inspection site _____

Manager responsible for supervising competent person _____

Corrective actions taken: _____ (use additional paper as needed)

During the last 10 years, our company was not subject to an inspection where a regulatory agency documented the existence of violative conditions which were associated with asbestos-related work.

Name of Applicant

Title

Company Name

Signature of Applicant

Date