

**DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH****Asbestos Contractors Registration Unit**

1515 Clay St., Ste 1901
Oakland, CA 94612
Phone: (510) 286-7362
Fax: (510) 286-7040

Address Reply to:
ACRU@dir.ca.gov



TO: RENEWAL APPLICANTS

FROM: ACRU

SUBJECT: RENEWAL OF ASBESTOS REGISTRATION

Enclosed are the forms you need to complete to renew your registration for asbestos removal work. Your application, with the registration fee, must be received by the Asbestos Contractors Registration Unit (ACRU) 30 days before your registration's expiration date, as required by T8 CCR 341.7(c):

- Application for Renewal of Asbestos Registration Checklist
- Renewal of Asbestos-Related Work Registration (Application form)
- Change of Status Notice
- Other Office Addresses
- Related Entities
- Annual Compliance Report
- Employer's Trust Account Form
- One-Year Cumulative Roster of Personnel Certified for Asbestos-Related Work
- Assurances of the Supervisor of the Competent Person

The forms are all self-explanatory and the Change of Status Notice and Personnel Roster have accompanying instructions. The Application Checklist will serve as a guide to assist you in completing the renewal application process.

We recommend your returning the completed application via USPS express mail to,

**Division Of Occupational Safety and Health
Asbestos Contractors Registration Unit
1515 Clay Street, Suite 1901
Oakland, CA 94612**

If you have any questions and need detailed instructions on how to complete the forms, please email us at ACRU@dir.ca.gov and we will be glad to assist you.

APPLICATION FOR RENEWAL OF 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. \$150.00 REGISTRATION FEE ENCLOSED(Payable to State of California)
2. APPLICATION FORM (1 page)
 - 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. CHANGE OF STATUS FORM
 - Appropriate box checked for changes and attachments are provided if reporting changes.
4. OTHER OFFICE ADDRESSES FORM (1 page, add pages if necessary)
 - All lines are filled in with other office addresses or "No Other Offices" indicated
5. RELATED ENTITIES FORM
 - All blanks are filled in with the information requested or indicating "Not Applicable"
6. ANNUAL COMPLIANCE REPORT FORM
 - Information is provided 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.
7. ASSURANCES OF SUPERVISOR FORM
 - Signed and dated.
8. 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, account number, 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.
9. WORKERS COMPENSATION INSURANCE

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

DOSH-Asbestos Unit
1515 Clay Street, Ste.1901
Oakland, CA 94612

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

10. ONE-YEAR CUMULATIVE 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

11. MISCELLANEOUS DOCUMENTS YOU NEED TO PROVIDE

- Your entity's current organizational chart
- (If we ask for it) Part V Instructions & Checklist for the Preparation of Policies & Procedures and Programs for Asbestos-Related Work, is completed.
- (If we send you one) Reply to our letter requesting information about citations and inspections received by your entity is provided.

Checked, verified correct, and in order by: _____

Contact Name (Print)

Signature

Reg. #

Phone #

Date

RENEWAL OF ASBESTOS-RELATED WORK REGISTRATION

Questions? Call ACRU at (510) 286-7362. Fax # is 510-286-7040 Email ACRU@dir.ca.gov

Fee: \$150.00 (no fee for public agencies). This is a **non-refundable** fee. Make the check payable to **The State of California**.

General Information: Registration #: _____ CSLB # (if applicable): _____ Total # of all employees: _____

Information changes since last renewal? (See instructions): None have occurred. There have been changes. Change of Status Form attached.

Entity Name: _____

DBA (if applicable): _____

Mailing Address: _____
Street or P.O. Box City State ZIP

Main Office Address: _____
Street (no P.O. Box or other non-physical address) City State ZIP

Website Address: _____ E-mail Address: _____

Telephone #: (____) _____ Fax #: (____) _____
(Provide changes in other office locations on separate page)

Medical & Worker's Compensation Coverage

Asbestos Medical Surveillance: Insurance Union Health Care Provider Trust Account (\$500 per employee)

Worker's Compensation: Own Insurance Policy Management Company's Insurance Policy Self Insurance

Personnel Roster and Training: Attach the *Personnel Roster* and training certificates. Minimum of one Certified Supervisor.

Health & Safety Programs: Do not send these unless requested. You must still keep them up to date. We will spot check.

Assurances and Declaration of Applicant: By a manager with authority and responsibility for asbestos -related work.

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

_____ I am a management representative of the applicant duly authorized to make this application;

_____ 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, this application and its attachments; and the information and assertions in our application are true and correct;

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

_____ The applicant is proficient with and have 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 employees and individuals under its direction to comply with the registrant's asbestos-related policies and procedures and all other applicable 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 available to DOSH inspectors, all employees and other employers, as well as tenants, building owners and their representatives.

Signed at _____

City

State

Date

Print Name

Signature of Applicant

Title

A violation of Chapter 6, Sections 6501.5, 6501.9, or 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.

Contact Name (print): _____ Title: _____ Email address: _____

Tel.# _____ Fax#: _____ Cellular: _____

ACRU186b

CHANGE OF STATUS NOTICE FOR ASBESTOS-RELATED WORK REGISTRATION

Entity Name: _____ Registration #: _____

Effective Date of Changes: _____

Status Changes*: (Follow instructions and provide all attachments)

To keep your registration valid, you must file the Status Change Form with ACRU for changes in:

- Entity Name(s): _____
- Mailing Address: _____
- Physical Address(es): _____
- Telephone No: () _____ Fax No: () _____ Email: _____
- Registrant
- Loss/Change of Qualifier
- CSLB License suspension/revocation/expiration/inactivity
- Ownership changes/Sale
- Workers Compensation Insurance
- Trust Account/Medical Surveillance Coverage

*Note: If ownership or entity type (incorporation, etc.) changes which may trigger a change in the CSLB number are planned, a separate initial application may be required for the new entity. Please include a "letter of intent" explaining whether the intent is to maintain two registered companies, or whether the originally registered company will cease to perform asbestos-related work.

A violation of Chapter 6, Sections 6501.5, 6501.9, or 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.

Declaration of Applicant

I hereby declare under penalty of perjury that I have read and understand the foregoing "CHANGE OF STATUS NOTICE" and the matters set forth therein; that I have the authority to execute said change on behalf of the applicant named herein above; and that this "NOTICE OF CHANGE OF STATUS" is not a new registration but an addendum to the original registration and application therefore submitted by the employer.

Executed on _____, 20____ at _____
(Date) (City) (State)

By _____
(Print Name and Title) (Signature)

ACRU 190

INSTRUCTION FOR STATUS CHANGE

Questions? Call ACRU at (510) 286-7362. Fax # is (510) 286-7040

Email: ACRU@dir.ca.gov

Entity Name(s): You are registered under your legal name(s) and, if applicable, CSLB License #.

- Either send us a copy of the new CSLB Pocket License, a confirming letter from the CSLB or wait for a change in your listing on the CSLB internet site. The latter may cause a delay.
- Attach a copy of your new business stationary and contract/bid documents with the new name(s)
- Attach the following documentation and forms with the same matching name style:
 - Workers' Compensation Certificate
 - Asbestos Medical Coverage proofs (insurance policy/provider or union contract/trust account)
- Tell us when the name change is to be effective

Contact Information Changes: Mailing & Physical Address(es); Telephone & Fax #'s; Registrant:

- Enter the appropriate information. If more than one change, use another sheet of paper
- Enter the name and title of registrant

Loss/Change of Qualifier:

- Attach a copy of your letter notifying the CSLB. When you obtain a new Qualifier (or simultaneous with this notice), attach a copy of the CSLB's confirmation letter.

CSLB License Status:

- Suspension/revocation/expiration/inactive
 - Explain the circumstances

Ownership Changes/Sale: (Note: Also review "Entity Name(s)" and "CSLB License Status," above)

- Changes in ownership of more than a 10% interest- Attach legal documentation detailing the change
- Sale of a majority interest- In addition to the above, provide a:
 - Letter explaining who will be managing the entity and the management person(s) responsible for supervising the competent person(s) on a day-to-day basis. Individuals so managing must have the authority to discipline and understand the Title 8 requirements and your policies, procedures and programs. Also, state:
 - There are no employee changes or that you are providing a new roster form and proof of training.
 - You are adopting the entity's existing policies and procedures or that you are submitting new ones
 - Statement signed by the manager(s) who supervises competent persons on a day to day basis, that they have read the P&Ps and will take all reasonable steps within their authority to ensure that the competent persons follow the organization's policies and procedures.
 - Organizational chart showing the asbestos manager, the President or owner and the qualifier, if different

Trust Account/Medical Surveillance Coverage:

- If you have changed your trust account, insurance carrier, health care provider or union, attach copies of the Trust Account form, bank letter and/or account statement, union letter or carrier/provider contract, as applicable.

Worker's Compensation Insurance:

- Provide the new insurance certificate.

US POSTAL SERVICE ADDRESS

Division of Occupational Safety and Health
Asbestos Contractors Registration Unit
1515 Clay Street, Suite 1901
Oakland, CA 94612

RENEWAL OF ASBESTOS-RELATED WORK REGISTRATION

Other Office Addresses

Address: _____
Street or P.O. Box

City State Zip
Telephone No.: (____) _____ Fax: (____) _____
Business Function at this Address: _____

Address: _____
Street or P.O. Box

City State Zip
Telephone No.: (____) _____ Fax: (____) _____
Business Function at this Address: _____

Address: _____
Street or P.O. Box

City State Zip
Telephone No.: (____) _____ Fax: (____) _____
Business Function at this Address: _____

Address: _____
Street or P.O. Box

City State Zip
Telephone No.: (____) _____ Fax: (____) _____
Business Function at this Address: _____

Address: _____
Street or P.O. Box

City State Zip
Telephone No.: (____) _____ Fax: (____) _____
Business Function at this Address: _____

By _____
Print Name and Title Signature Company Name

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 _____

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

ACRU 186c

ANNUAL COMPLIANCE REPORT

During the last 12 months, our company was subject to an inspection which resulted in the discovery of alleged violative conditions or the issuance of a Notice to Comply (NC), associated with asbestos-related work.

1. Inspecting Agency/Agencies: _____
2. Date of Inspection _____
3. Address of jobsite: _____
4. Events that led to the alleged violative conditions (use additional paper as needed)

5. Result of Inspection:

- Citation
- NOV
- NC
- Penalty
- Other

6. Competent person on inspection site _____
7. Manager responsible for supervising competent person _____
8. Corrective actions taken: _____ (use additional paper as needed)

During the last 12 months, our company was not subject to an inspection which resulted in the discovery of alleged violative conditions associated with asbestos-related work.

Name of Applicant Title Company Name

Signature of Applicant Date

ACRU 194-R

Assurances of the Supervisor of the Competent Persons

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 _____

Company Name: _____

Reg. #: _____

ACRU 186d

Employer's Trust Account Form

Name of business entity: _____

Name of employer: _____
or employer's representative:

I hereby declare that the trust account as evidenced by the attached bank statement* from (bank's name) _____

bearing account number _____ will be maintained in:

- Accordance with the requirements of Labor Code section 6501.5 and section 341.7(b)(2) of Title 8 of the California Code of Regulation for purposes of providing medical examinations, consultations and procedures required by section 1529 of Title 8; and,
- An amount sufficient to cover \$500.00 per employee per employee performing asbestos-related work; and,

That if any modifications are made to the account which are not consistent with the purposes of Labor Code section 6501.5, the Division will be notified in writing, no later than 48 hours after such notification.

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to make the aforesaid representations on the behalf of the employer.

Signature: _____

Print name and title: _____

Executed this _____ day of _____ 20____ in the city
of _____ California.

*Bank account statement dated to within the last month that shows the name of the account holder and bank, bank address and phone number, the account number and the balance.

ONE-YEAR CUMULATIVE ROSTER of PERSONNEL CERTIFIED FOR ASBESTOS-RELATED WORK

(See attached instructions)

Name of Entity				Registration #							
Medical Coverage	Roster Status		Name (Last, First, Initial)		Current Training			Notes			
					Type		DOSH Approval #		Expiration	Training Provider	
	C,I,O,T,U	+	-	I/R	AW,CS						
_____ Total number of personnel certified for asbestos-related work			_____ Total number of trust account employees			I affirm under penalty of perjury that the certificates for the training noted in this roster are valid and that there were no other employees requiring asbestos training as of the date of my signature.		_____ Print name and title		_____ Signature and date (To be signed by the individual providing the Assurances and Declarations in the application form)	

- We accept photocopies or computer printouts of this form in this same format. **The original signature document must be received by our office to complete the registration process.**
- **Renewal applicants** - List all owners and employees who performed asbestos-related work or bulk sampling for your organization since the date of submission of the previous roster. Alphabetically list current employees, followed by an alphabetic list of former employees. **Attach copies of their training certificates.**
- Training for current supervisors and workers must be valid at the time of renewal application submittal. If any of the listed certificates are due to expire before the current registration expiration date, enter the scheduled refresher training date and the training provider name on the roster, and fax a copy of the certificate as soon as it is available. **Provide copies of, and separately list any falsified certificates.**
- **Initial applicants** - Alphabetically list all owners and employees who will be performing asbestos-related work or bulk sampling for your organization **Attach copies of their training certificates.**

Contact: The Training Provider Approval Unit at 916-574-2993 to verify suspicious certificates/trainers.

<p>Medical Coverage</p> <p>T Trust account U Union C Contract O Owner E Exempt</p>	<p>Using these symbols, identify the medical surveillance coverage for the current employees or owners:</p> <p>T-Trust account of \$500 per employee engaged in asbestos-related work U- Union as the result of a collective bargaining agreement C- Contract with a health care provider or insurance company; O- Owner of a company who is exempt from the trust fund requirements. E- Building Inspector training only not an asbestos worker or supervisor</p>
<p>Roster Status</p> <p>No entry (+) Added (-) Dropped (+/-) Added then Dropped</p>	<p>Continuing employee who was on the last roster and remains on this one (+) New employees since last roster submitted (-) Former employees since last roster submitted (+/-) Employees who were added and later dropped</p>
<p>Training Type</p> <p>DOSH Approval #</p> <p>Expiration date</p> <p>Provider name</p>	<p>Enter the type of training as follows: I- Initial or R-Refresher C/S- AHERA Contractor/Supervisor AW- AHERA Asbestos Worker RW- Roofing Worker- FW- Flooring Worker BI- Building Inspector CAC/CSST list their certification number – no certificate copies needed Other specialty training- name here and explain in notes</p> <p>Enter the DOSH Approval # as listed on the certificate (begins with CA)</p> <p>Enter the expiration date as listed on the certificate</p> <p>Enter the training provider name as listed on the certificate</p>
<p>Notes</p>	<p>Enter any clarification or additional information here, such as scheduled refresher training as explained above.</p>
<p>Total Number of Asbestos-Related Work Personnel</p>	<p>Provide the total of all persons who performed asbestos-related work, or bulk sampling since the date on the last roster submitted.</p>
<p>Total Number of Trust Account Employees</p>	<p>Provide the total of all employees covered by a trust account at the time of registration and use this total to calculate the amount in your trust account.</p>
<p>Affirmation of validity of training and employment</p>	<p>The individual signing the Assurances and Declarations in the application form must sign the roster, thereby attesting to the identity of the individuals named on the roster, and the validity of their training certificates.</p>