



ASBESTOS ANALYTICAL SERVICE APPLICATION

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ and 453 CMR 6.00)

- Initial Application
- Renewal Application
- Duplicate Application/Issue

License # _____
 Date _____
 Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation and signing the application. Please note that incomplete applications, including missing attachments, will significantly delay application processing.

Section I: APPLICANT INFORMATION

Company Name _____

Telephone Number (____) _____ FAX _____

E-mail address: _____ Website Address: _____

Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Federal Identification Number _____

Section II: ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION

1. (A) If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the applicant is located.
- (B) If applicant is a Corporation or LLC:
 - o **Organized in MA in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.*
 - o **Organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - o **Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of Good Standing issued by the Secretary of the Commonwealth's Office.*

**Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512; Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm. Do not send the Certificate of Good Standing issued by the Massachusetts Department of Revenue.*
- (C) Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.
- (D) If applicant receives samples by mail ONLY. Please include a letter stating that.

2. A list of all names, acronyms or other identifiers by which the applicant does or has done business, and the address(es) and telephone number(s) of the business.

3. The type(s) of approval/certification listed at 453 CMR 6.08(1)(a) through (d) for which the applicant is applying.

_____ Class A Certificate _____ Class B Certificate _____ Class C Certificate _____ Class D Certificate

4. If the applicant has employees, evidence that Asbestos Analytical Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program must be provided with the application. Certificate of Insurance must include the assigned policy number, the WC code 4511 or other indication that any asbestos operations are covered under the policy, and list the Department of Labor Standards with the proper address as the certificate holder. If the applicant has no employees, a notarized statement to that effect must be submitted with the application.

5. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.

6. A list of the names and addresses of all persons designated as Asbestos Laboratory Supervisors of the Asbestos Analytical Service pursuant to 453 CMR 6.08(4)(a).

7. A copy of the laboratory standard operating procedures manual for asbestos analysis used by the applicant, which shall minimally include:

1. A listing of all Responsible Persons and employees of the applicant who will be performing asbestos analysis.
2. Legible copies of certificates of training or other training records for all persons listed at 453 CMR 6.08(2)(b)1., indicating that each such person has fulfilled the applicable asbestos analytical training required by 453 CMR 6.08(4)(d).
3. Copies of all applicable analytical protocols and procedures referenced at 453 CMR 6.08(4)(f).
4. An inventory of the analytical equipment used by the applicant, with a description of associated equipment calibration and maintenance procedures and schedules.
5. A description of chain of custody procedures, including handling, storage and disposal procedures for asbestos samples.
6. A description of the quality control procedures and programs utilized by the applicant.

8. Results indicating proficiency in the two most recent rounds of the applicable quality control program(s) required by 453 CMR 6.08(4)(e). Documentation shall be in the form of legible copies of official correspondence or certificates from the provider of the applicable quality control program. Applicants from within the Commonwealth seeking certification as Class B or Class C Asbestos Analytical Services may submit the single most recent quality control round result, but their receipt of certification and approval pursuant to 453 CMR 6.08(2) may be contingent upon the results of a laboratory inspection at the discretion of the Director.

9. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$750.00.** If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____, hereby certify that my
 (PRINT NAME) (PRINT TITLE)

business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.

I further state, that all employees to be engaged in Asbestos Work are certified, or will be certified prior to any work being performed by them, pursuant to the requirements of 453 CMR 6.00.

I further state, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signed under the penalties of perjury.

SIGNATURE _____ DATE _____

A certificate as a provider of Asbestos Analytical Services is valid for a period of one year. The Director may renew an Asbestos Analytical Service certificate upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Department of Labor Standards no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 453 CMR 6.08(2)(a) through (e). The Director may waive the requirement for resubmission of the information specified at 453 CMR 6.08(2)(b) where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

**Please forward your completed application to:
 Department of Labor Standards
 19 Staniford Street, 2nd Floor
 Boston, MA 02114**

(FOR OFFICIAL DLS USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
WORKERS COMPENSATION		
NOTARIZED TAX STATEMENT		
ART OF ORG/ANNUAL REPORT/DBA		
COPIES OF ALL VIOLATIONS		
SERVICES APPROVED	Class A Certificate	
	Class B Certificate	
	Class C Certificate	
	Class D Certificate	
DUA/FSC		
APPL. COMPLETE - OK TO ISSUE		