

CONTRACTOR APPLICATION ATTACHMENT CHECKLIST

Please answer all questions on the application to the best of your ability. Do not leave blanks, if the question is not applicable write N/A. Information can be obtained on our website at www.mass.gov/dols.

Please use this check off sheet to ensure that you have included all your attachments with your contractor application.

If you have employees:

Did you remember to submit:

- Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate
- Training Certificate
- Workman's Compensation Sheet with the proper codes on the description box (5474 Lead; 5472 & 5473 Asbestos) and the Department of Labor Standards, 19 Staniford Street, 2nd, Floor Boston MA 02114 listed as the certificate holder.
- Medical Monitoring & Respiratory Protection Programs (or a letter stating they have not changed if it is a renewal)
- Certified Check or Money Order
- Copies of Violations (if any)

If you do NOT have employees:

Did you remember to submit:

- Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate
- Training Certificate
- A notarized statement stating you have no employees
- Certified Check or Money Order
- Copies of Violations (if any)

Please mail your completed application, fee and the required documents to:
Department of Labor Standards, 19 Staniford St., 2nd Floor, Boston, MA 02114



ASBESTOS CONTRACTOR 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

Applicant or Business Name _____

Telephone Number (_____) _____ FAX _____

E-mail address: _____ Website Address: _____

Applicant or Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Federal Identification Number **OR** Social Security Number _____

Section II: REQUIRED INFORMATION & ATTACHMENTS *Provide information below and attach the following:*

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.

2. List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business. *Use additional paper if necessary.*

NAME/ACRONYM	ADDRESS	TELEPHONE NUMBER

3. List all states in which the applicant holds a current license, certification, accreditation or other approval for Asbestos Abatement Work. *Use additional paper if necessary.*

STATE	NAME/TYPE OF LICENSE, CERTIFICATION, ACCREDITATION OR OTHER APPROVAL

4. List the names and addresses of all Asbestos Abatement Firms or entities in which the Responsible Person(s) of the applicant has or has had a financial interest or management responsibility. *Use additional paper if necessary.*

NAME OF ENTITY	ADDRESS

5. Does the applicant have employee(s)?

Yes •**IF APPLICANT HAS EMPLOYEES**, attach (A), (B) and (C) listed below to this completed application:

- (A) A list of employees in applicant’s present workforce and a list of employees who have worked for the applicant for any period of time during the preceding 12 months.
- (B) A respiratory protection AND worker health and safety program evidencing compliance with 29 CFR 1910.134, 453 CMR 6.15(4) or 29 CFR and OSHA medical monitoring requirements. If the applicant does not have a written program, please contact 617-626-6960 to request model programs.
- (C) A copy of applicant’s workers’ compensation insurance policy Certificate of Insurance or evidence of self-insurance program, if the applicant has any employee(s). The Certificate of Insurance must include the assigned policy number, the WC code 5472/5473 or other indication that Asbestos operations are covered under the policy and effective dates and show the Department of Labor Standards, 19 Staniford, St., 2nd Fl., Boston, MA 02114 as the certificate holder.

No •**IF APPLICANT HAS NO EMPLOYEES**, attach (D) ONLY

- (D) Attach a **NOTARIZED STATEMENT** which clearly states, “(Applicant or Business name) has no employees engaged in asbestos abatement.” Applicant must sign and date the statement and statement must be notarized. Note that if the business acquires an employee(s) at a future date, it must have a respiratory protection and worker health and safety protection program as noted in 5B above

6. 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.

7. **RESPONSIBLE PERSON(S) AND TRAINING** - Please list of the names, license numbers and addresses of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over Asbestos Work of the applicant.

Name	License number	Address

8. Asbestos training certificates or legible copies thereof, indicating that a Responsible Person or manager of the applicant listed pursuant to 453 CMR 6.05(1)(a)9. has successfully completed the applicable initial and refresher training requirements for Asbestos Supervisors specified by 453 CMR 6.10(2), 6.10(4)(c) and/or 453 CMR 6.10(5).

NAME	COURSE TITLE	NAME, ADDRESS OF TRAINING PROVIDER	DATE OF COURSE COMPLETION

9. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$2,050.** If the Director denies, revokes, suspends or refuses to renew the License for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____,
PRINT NAME PRINT TITLE

hereby certify that my 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 _____

An Asbestos Contractor License is valid for a period of one year. The Director may renew an Asbestos License issued pursuant to this section, provided the current license holder submits in person a renewal application at least 30, but not more than 60, calendar days before the expiration of the current license. Applications received later than 30 calendar days before the expiration of the current license will be processed in the normal course of business, which may result in the license being renewed after its expiration date.

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

-----FOR OFFICIAL DLS USE ONLY-----

Attachment	Approved by	Date	Attachment	Approved by	Date
Business Cert or Corp. Certs.			Respiratory Protection		
List of employees or not. statement			Medical Monitoring		
WC Certificate of Insurance			Application fee		
Training Certificates			Application OK To ISSUE		