



ASBESTOS MANAGEMENT PLANNER 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 number _____ Date _____ Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

Section 1: Applicant information

Name _____ Social Security Number _____ Date of birth _____

Address _____ Phone _____

City/Town _____ State _____ Zip _____

Email address _____

Mailing address (if different) _____

City/Town _____ State _____ Zip _____

Section 2: Education beyond high school (Attach additional sheets, if necessary)

Name and address of institution attended _____

Degree/Certificate received _____ Date of degree _____

Field(s) of concentration (check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Project Planning | <input type="checkbox"/> Management | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Related Scientific Field |
| <input type="checkbox"/> Engineering: List type _____ | | | |

If related scientific field, identify field and list courses of study:

Section 3: Employment experience

Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 453 CMR 6.07(2)(b)1.b. Attach separate sheet(s) or a detailed resume outlining projects, dates, responsibilities, and name and certification number of immediate supervisor, if necessary.

Name and address of employer _____

Phone _____ Current Position/Title _____

Duties and Responsibilities

Dates employed: From _____ to _____

Supervisor's name and position/title _____

Section 4: Attachments to be submitted with the application:

- a. A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(e), and/or 453 CMR 6.10(5). Original training certificates will be returned after review of the application.
- c. A copy of an associate degree or certificate in project planning, management, environmental sciences, engineering, construction, architecture, industrial hygiene, occupational health, or a related scientific field.
- d. Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 453 CMR 6.07(2)(b)1.b or a combination of education and experience equivalent to that set forth in 453 CMR 6.07(2)(b)1.
- e. 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 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.
- f. A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00. A person applying for certification as an Asbestos Inspector and as an Asbestos Management Planner at the same time need pay only one \$625.00 fee. 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 5: Payment of tax obligations and Statement of Compliance

I, _____ (Print name) do hereby certify, that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), 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 _____

Applicants for certification shall apply in person at one of the DLS offices listed below:

Monday-Walk-in service: 9am to 3pm	19 Staniford St., 2nd Floor, Boston, MA 02114 617-626-6960
Tuesday-Walk-in service: 1st Tuesday of the month, 9am to 3pm	1 Federal St., Building 101, 3rd Floor, Springfield 01105 413-781-2676
Wednesday-Walk-in service: 9am to 3pm	4 Summer St., Room 212, Haverhill, MA 01830 978-372-9797
Thursday-Walk-in service: 2nd Thursday of the month, 9am to 3pm	1213 Purchase St., New Bedford, MA 02740 (Enter through Maxfield St.) 508-984-7718
Friday-Walk-in service: 3rd Friday of the month, 9am to 3pm	167 Lyman St., Westborough, MA 01581 508-616-0461