



## ASBESTOS PROJECT MONITOR 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 \_\_\_\_\_

### Section 3: Employment experience

Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 453 CMR 6.07(2)(a)1. 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 \_\_\_\_\_

If claiming two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner; please include the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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### Section 3: 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, and legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(d), and/or 453 CMR 6.10(5). Original training certificates will be returned after review of the application.
- c. A high school diploma or its equivalent.
- d. Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 453 CMR 6.07(2)(a)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 judgements, 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 Commissioner denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

### Section 4: 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