

ASBESTOS ACCREDITATION APPLICATION

****PLEASE TYPE OR PRINT IN INK****

APPLICANT'S NAME: _____ If RENEWAL – ACCREDITATION NUMBER _____
(FIRST, MIDDLE INITIAL, LAST)

APPLICANT'S HOME ADDRESS (The Way It Is To Appear On Identification Card):

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE _____

PHONE NUMBER: (____) _____ DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
(mm/dd/yy) (F/M)

EMAIL ADDRESS: _____

DISCIPLINE FOR WHICH YOU WISH TO BE ACCREDITED: (Mark only one discipline, a separate application form is required for each discipline.)

- Worker Supervisor Inspector Mgmt. Planner Designer Air Monitor
 Supervising Air Monitor Roofing Supervisor Roofing Worker

ACCREDITATION FEE (CHECK ONLY ONE)

Duplicate ID Card, all disciplines--\$10.00

\$ 25.00 Worker

\$25.00 Roofing Worker

ALL OTHER DISCIPLINES:

\$100.00 FIRST/ONLY ACCREDITATION IN CALENDAR YEAR (JAN 1 - DEC 31)

\$75.00 ADDITIONAL ACCREDITATION IN SAME CALENDAR YEAR (JAN 1 - DEC 31)

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMPLOYER'S PHONE NUMBER: (____) _____ EMPLOYER'S FAX NUMBER: (____) _____

TRAINING PROVIDER: _____ DATE(S) ATTENDED: _____

NAME OF COURSE COMPLETED: _____

OATH

I hereby acknowledge that I have read and understand this application and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation (N.C. Gen. Stat. §130A-23).

APPLICANT'S ORIGINAL SIGNATURE: _____ Date: _____

****DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY****

ACCREDITATION NUMBER: _____ EXPIRATION DATE: _____

CHECK/M.O. NUMBER: _____ AMOUNT PAID: _____

APPROVING SIGNATURE: _____ DATE: _____

USPS MAILING ADDRESS: HEALTH HAZARDS CONTROL UNIT
NC DHHS- DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH NC 27699-1912

FOR OVERNIGHT DELIVERY 5505 Six Forks Road, 2nd floor, Room D-1
OTHER THAN US MAIL: RALEIGH NC 27609

INSTRUCTIONS

For Completion of DHHS 3699 – Asbestos Accreditation Application

PURPOSE

Application for North Carolina Accreditation shall be submitted in order to receive a North Carolina accreditation number and photo identification card for inspector, management planner, supervisor, abatement designer, supervising air monitor, air monitor, worker, roofing worker and roofing supervisor per 10A NCAC 41C Section .0600, Asbestos Hazard Management Program Rules.

PREPARATION

All information is to be completed by applicant and **must be filled out completely**, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter your full name, address, city, state and zip code as you want it to appear on your photo identification card. Indicate accreditation number if applying for renewal accreditation. Enter an email address if applicable. Telephone number should be complete with area code. Enter your date of birth (month/day/year), sex (male/female), height (feet and inches) and weight (pounds). The North Carolina Department of Labor, Wage and Hour Act considers work involving asbestos hazardous to the health of youths. Accreditations shall not be issued to individuals who are not at least eighteen (18) years of age. Each applicant must submit his/her correct birth date on the accreditation application.

Indicate the discipline for which you wish to be accredited (**mark only one discipline per application**).

Initial accreditation fee is \$100.00 for all categories, except the fee for individuals applying for accreditation or reaccreditation as worker or roofing worker is \$25.00. If an individual applies for accreditation or reaccreditation in more than one category per calendar year, the amount of the fee shall be \$100.00 for accreditation or reaccreditation in the first category and \$75.00 for accreditation or reaccreditation in each remaining category. The fee for a duplicate accreditation card is \$10.00. If your NC accreditation photo-identification card is lost or stolen, contact the HHCU immediately.

Indicate Employer's name, mailing address, city, state, zip code and telephone phone number complete with area code.

Indicate the name of the Training Provider attended and the name of the course successfully completed that corresponds with the accreditation request. Indicate the dates the course was attended. This information must be filled in, in order to be considered a completed application.

Read the OATH carefully. If any forged certificate or misinformation is found to exist, the individual may be subject to revocation of accreditation. The application shall be signed and dated by you, the applicant. An original signature is required on the application; no faxes will be accepted.

ADDITIONAL EDUCATION AND EXPERIENCE REQUIREMENTS

Per 10A NCAC 41C .0602, an applicant for initial accreditation shall have successfully completed an approved initial training course for the specific category within the 12 months immediately preceding application, or, if initial training was completed more than 12 months prior to application, the applicant shall have successfully completed an approved refresher training course for the specific category at least every 24 months from the date of completion of initial training to the date of application.

A **Worker** and a **Roofing Worker** shall have successfully completed an approved training course for workers.

An **Inspector** shall have a high school diploma or equivalent; and at least three months of asbestos related experience as, or under the direct supervision of an accredited inspector or equivalent experience.

A **Management Planner** shall have a high school diploma or equivalent and shall be an accredited inspector.

A **Supervisor** shall have a high school diploma or equivalent; except that this requirement shall not apply to supervisors that were accredited in North Carolina on November 1, 1989, and kept that accreditation current; and at least three months asbestos related experience, as, or under the direct supervision of an accredited supervisor or equivalent experience.

A **Roofing Supervisor** shall meet the requirements of a Supervisor but duties regarding asbestos are limited to Class II asbestos work involving only roofing products that are classified as regulated asbestos containing material.

An **Abatement Designer** shall have a high school diploma or equivalent; and at least three months of related experience as, or under the direct supervision of an accredited abatement designer or equivalent experience.

An **Air Monitor** shall work only under the supervision of a North Carolina accredited Supervising Air Monitor and shall have a high school diploma or equivalent; three months asbestos air monitoring experience as, or under the direct supervision of an accredited air monitor or equivalent experience within 12 months prior to applying for accreditation.

A **Supervising Air Monitor** shall have a high school diploma or equivalent; three months asbestos air monitoring experience as, or under the direct supervision of, an accredited air monitor, or equivalent experience within 12 months prior to applying for accreditation.

For additional training requirements and professional status requirements regarding Air Monitor and Supervising Air Monitor refer to 10A NCAC 41C .0602 (c)(6)(B), .0602 (c)(7)(B), and .0602 (c)(7)(C) [amended eff. July 1, 1996].

REQUIRED SUPPORTING DOCUMENTATION

Confirmation of training shall be in the form of **an original certificate** of completion from the approved training course bearing the training provider's official seal, or **an original letter from the training provider** confirming completion of the course on the training provider letterhead, or an original letter from the training provider listing names of persons who have successfully completed the training course, with the applicant's name included.

If requesting initial accreditation in North Carolina after completion of refresher course(s), original documentation of successful completion of the initial training course, as well as all refresher courses, is required.

When a high school diploma is required, attach a copy of the diploma or other written documentation from the educational institution.

When experience is required, attach work history documenting asbestos experience; this documentation should indicate inclusive dates of experience, projects completed, your specific responsibilities on those projects, and the name(s) of the accredited individual(s) under whose supervision you worked.

Enclose a check or money order in the correct amount depending on the accreditation requested. The Initial accreditation fee is \$100.00 for all categories, except that the fee for individuals applying for accreditation or reaccreditation as worker or roofing worker is \$25.00. If an individual applies for accreditation or reaccreditation in more than one category per calendar year, the amount of the fee shall be \$100.00 for accreditation or reaccreditation in the first category and \$75.00 for accreditation or reaccreditation in each remaining category. Make the check or money order payable to: NC DHHS - Health Hazards Control Unit. **PLEASE DO NOT SEND CASH!**

Enclose **one current photograph of the applicant per application** submitted. Photographs shall be in color and 1¼ inch x 1¼ inch in size with the applicant's name printed on the back. The HHCU will not accept photographs with headwear, sunglasses, profile, or photos in black and white. Photographs that are not **current**, i.e., photos from old licenses or a copy of last year's photo, will also not be accepted. Applications submitted without photographs will be returned as incomplete.

For Additional Forms and Information

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:
<http://epi.publichealth.nc.gov/asbestos/ahmp.html>

The Completed Application Form with Supporting Documentation should be mailed to:

FOR US POSTAL SERVICE:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, North Carolina 27699-1912**

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
5505 Six Forks Road 2nd Floor Room D-1
Raleigh, North Carolina 27609**