

ASBESTOS CERTIFICATION APPLICATION – COMPANY

(Please read instructions on page 2 before completing this form)

Under section 254.115, Wis. Stats., a company must provide its Federal Employer Identification Number (FEIN), or, if a sole proprietorship, the applicant's social security number (SSN), when applying for company certification. If the sole proprietor does not have a Social Security number, then a signed statement made under oath or affirmation that the applicant does not have a social security number is required. This information shall be used to deny or revoke company certification if certified by the Department of Revenue as delinquent in payment of taxes and will not be available to the public. Information necessary for processing this application and collected on this form, other than the SSN, may be shared with other government agencies for compliance review and may be available to the public under an open records request.

Applying for Initial certification Renewal certification DHS company certification No.:

Applying for Primary office Secondary office

COMPANY CONTACT INFORMATION Please print

Company Name

Federal Employer ID No. (FEIN), or sole proprietor's name & Social Security No. (SSN)

Tax status

For Profit Non-profit

Mailing Address

City

State

Zip+4

Records Street Address

City

State

Zip+4

Telephone No.

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Fax Telephone No.

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Cellular Telephone No.

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Pager No.

()

E-mail Address

COMPANY TYPE & CERTIFICATION FEE Enclose check or money order payable to **DHS**, or a completed credit card form.

Asbestos company – \$400

Secondary office to a certified asbestos company – \$200

Exterior asbestos company – \$200

Secondary office to a certified exterior asbestos company – \$100

Fee exempt: WI state government WI local government WI local education agency (K-12 public school)

AUTHORIZED COMPANY REPRESENTATIVE(S) Attach additional sheet if needed.

Name	Title	DHS Certification No.

COMPANY ACTIVITIES Check all that apply.

Asbestos Abatement Contracting

Flooring

Roofing

Asbestos Consulting

Government: Federal Local State Tribal

Siding

Asbestos Training

Industrial / Manufacturing / Utility / Institutional / Commercial

University / College

Construction / Renovation Contracting

K-12 School

Other:

Demolition Contracting

Property / Building: Owner Management

AFFIDAVIT OF APPLICANT Signature of an authorized company representative is required.

I state that I am an authorized representative of the company referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false statements made in connection with this application may be grounds for denial or revocation of certification or other disciplinary or legal action.

Neither this company, nor any owner, officer nor authorized representative of this company has violated a federal, state or local asbestos regulation within the past three years (except as described in the attached document).

SIGNATURE – Auth. Co. Rep.

Title

Date Signed (mm/dd/yy)

For DHS use only

Date Received

DWD Check Completed

Amount Paid
\$

Deposit Date

