



[www.dshs.state.tx.us/asbestos](http://www.dshs.state.tx.us/asbestos)  
 In Texas Only: (800) 572-5548  
 Local (512) 834-6600  
 Fax: 512-834-6614

**FOR DSHS USE ONLY**  
**BUDGET/FUND: ZZ112-178**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Asbestos License Application/Renewal  
 Consultant Agency**

**DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY**

Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

**PLEASE COMPLETE THE FOLLOWING:**

- Sole Owner/Proprietorship    
  LLP (Limited Liability Partnership)    
  LLC (Limited Liability Company)  
 LP (Limited Partnership)    
  PARTNERSHIP    
  CORPORATION    
  DBA (Doing Business As)

If renewing, enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Legal Business Name	Tax Payer's Identification number ( )		
DBA Name (if applicable)	Telephone Number (include area code)		
License Mailing Address (include suite #)	City	State	Zip Code
Business Physical Address (include suite #)	City	State	Zip Code

**RESPONSIBLE PERSON:** The individual designated by the licensed asbestos consultant agency as responsible for their operations and compliance with these rules.

Responsible Person's Name	License number (if applicable)	Telephone Number (include area code) ( )
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**CERTIFICATION:** I hereby certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1). I also understand that disclosure of a social security number Social security numbers is confidential and used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Responsible Person

\_\_\_\_\_  
 Date

**Mailing address for applications containing money:**

Department of State Health Services MC 2003  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

**Address for all other mail**

Department of State Health Services MC 2835  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

## IMPORTANT INFORMATION

- To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.
- You may pay for your license online at <http://www.texas.gov> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.
- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee

### The following documentation is required for licensure in accordance with §295.48 of the Texas Asbestos Health Protection Rules:

#### LICENSE FEES: (Two year term)

- License Fee: \$443.00
- Expired For 90 Days Or Less: (1.5 times license fee) License fee: \$658.00
- Expired For More Than 90 Days But Less Than One Year: (2 times license fee) License fee: \$873.00

#### **REQUIREMENTS FOR A NEW/RENEWAL LICENSE**

- 1. For Texas Corporations: A copy of the Certificate of Good Standing from the State Comptroller of Public Accounts stating that all franchise taxes due, have been paid, or a letter of exemption (issued by same office)
- 2. For foreign or out-of-state corporations: A copy of the certificate of authority to conduct business in Texas from the Texas Secretary of State, unless an exemption is filed in accordance with §295.39(e)
- 3. A company using an Assumed Name. A copy of Assumed Name filing filed with the Secretary of State

#### **ADDITIONAL REQUIREMENTS FOR A NEW/RENEWAL LICENSE**

- 1. Required license fee. (See fees above)
- 2. Professional liability insurance coverage for errors and omissions in the amount of \$1 million to cover the asbestos consultants and inspectors in its employ
- 3. A copy of current training certificate from a Department-approved training provider for the asbestos project designer, inspector, management planner, and air monitor courses of individual designated by company to be responsible for companies operations

<b>PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD</b>
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With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)