



[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 Inspector Initial/Renewal License Application**

I am a (check one if applicable):  Military Member  Veteran  Military Spouse

<b>DO NOT WRITE IN THIS BOX– FOR DEPARTMENT USE ONLY</b>		
Rcvd Date: _____ Init. _____	<b>PLACE PHOTO HERE</b>	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:**

**If renewing:** Enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name: (First, M.I., Last) \_\_\_\_\_ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) \_\_\_\_\_

( \_\_\_\_\_ )  
 Telephone Number (including area code) \_\_\_\_\_ Date of Birth: (month/day/year) \_\_\_\_\_

Applicant's Home Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Mailing Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Name \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATION:** I 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), and will be 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 Applicant \_\_\_\_\_

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 (FedEx, UPS, etc.)**

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

## IMPORTANT INFORMATION

- Visit our webpage to pay for your license application fees online.
- To avoid late fees a complete application and all required documentation must be postmarked prior to expiration of the license.

### **The following documentation is required for licensure in accordance with §295.50 of the Texas Asbestos Health Protection Rules**

#### **License fees: (Two-year term)**

- Initial/Renewal: \$134.00
- Expired for 90 days or less: \$199.00
- Expired for more than 90 day but less than one year: \$264.00

#### **Requirements for an initial license:**

- A 1-inch by 1-inch photograph of the face with white background
- A copy of applicant's training certificate from a Department-approved training provider for the initial asbestos inspector course and subsequent refreshers
- A copy training identification card
- Proof of successfully passing the department's examination for inspector
- A copy of a high school diploma or GED certificate
- A copy of physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only
- Verifiable work experience that includes participation in at least five asbestos inspections performed under the direct supervision of a licensed management planner, licensed asbestos inspector, or licensed asbestos consultant. Example format provided below

#### **Requirements for license renewal:**

- A 1-inch by 1-inch photograph of the face with white background
- A copy of applicant's training certificate from a Department-approved training provider for the asbestos inspector refresher course
- A copy of training identification card
- A copy of physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only

#### **Military designation:**

Branch: \_\_\_\_\_

- Provide documentation of military, veteran, or military spouse status
- Provide detailed documentation concerning military experience and training to be considered towards the issuance of the license
- Military spouses must provide proof of current licensure in another jurisdiction that has licensing requirements that are substantially equivalent to Texas

#### Sample Format for Asbestos Related Experience

Start & Completion Date Project Name and Address	Description Of Work Performed	Contact Name and Phone Number

#### Privacy Notification

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)