



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 Laboratory

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 _____

TYPE OF ANALYSIS LABORATORY IS APPLYING FOR:

Polarized-Light Microscopy (PLM),
 Phase Contrast Microscopy (PCM),
 Transmission Electron Microscopy (TEM)

PLEASE CHECK ONE OF 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
Name of Responsible Person	License Number (if applicable)	Telephone Number (include area code) ()	

CERTIFICATION: I certify that I am authorized by the company to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant 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. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Responsible Person or Owner

Date

Mailing address for applications containing money:

Regulatory Licensing Unit MC 2003
 Department of State Health Services
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Regulatory Licensing Unit MC 2835
 Department of State Health Services
 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 §295.54 of the Texas Asbestos Health Protection Rules:

LICENSE FEES: (Two year term)

- NEW/RENEW: 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

FOR NEW AND RENEWAL: PROOF OF ONE OF THE FOLLOWING

- 1 Accreditation by the National Voluntary Laboratory Accreditation Program (NVLAP) for bulk analysis by polarized-light microscopy
- 2 Accreditation by the NVLAP for analysis of airborne asbestos by transmission electron microscopy
- 3 Accreditation as an industrial hygiene laboratory by the American Industrial Hygiene Association (AIHA) and participation in the Proficiency Analytical Testing (PAT) program for analysis of airborne fibers by phase-contrast microscopy (PCM)
- 4 Proficiency according to the standards of the AIHA PAT Program, testing for airborne fibers by PCM and a quality assurance/quality control program as required by the NIOSH method 7400, issue 2, August 1994; or
- 5 Accreditation of the individual laboratory analysts through the AIHA Asbestos Analyst Registry (AAR) and a quality assurance/quality control program as required by the NIOSH method 7400, issue 2, August 1994

REQUIREMENTS FOR A NEW LICENSE

- 1 Required license fee. (See fees above)
- 2 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)
- 3 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, Austin, Texas, unless an exemption is filed in accordance with §295.39(e)
- 4 Complete Business Information Form. (Form may be obtained from the asbestos web site.)
- 5 A company using an Assumed Name:
- 6 A copy of Assumed Name filing filed with the Secretary of State
- 7 Evidence of asbestos professional liability insurance for errors and in the amount of \$1 million, when doing work for hire as required by §295.40 of this title relating to Licensing and Registration: Insurance Requirements

REQUIREMENTS FOR LICENSE RENEWAL

- 1 Required license fee. (See fees above)
- 2 Evidence of asbestos professional liability insurance for errors and in the amount of \$1 million, when doing work for hire as required by §295.40 of this title relating to Licensing and Registration: Insurance Requirements
- 3 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)

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

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.)