



[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 Training Provider

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

Rcvd Date: _____ Init. _____ Post Mark Date: _____ Rvw Date: _____ Init. _____ Aprv Date: _____ Init. _____	Amt Rcvd:\$_____ FY: _____ Expiration Date: _____ Init _____ Print Date: _____ Init _____ Mail Date: _____ Init _____
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**PLEASE CHECK ONE OF THE FOLLOWING:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> SOLE OWNER/PROPRIETORSHIP | <input type="checkbox"/> LLP (Limited Liability Partnership) | <input type="checkbox"/> LLC (Limited Liability Company) |
| <input type="checkbox"/> LP (Limited Partnership)  | <input type="checkbox"/> PARTNERSHIP                         | <input type="checkbox"/> CORPORATION                     |
|  |  | <input type="checkbox"/> 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 Training Manager	Email address	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 Owner or Training Manager

\_\_\_\_\_  
Date

**Applications containing money:**

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

**Applications not containing money**

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

**Overnight (fed-ex,ups)**

Department of State Health Services  
 Environmental & Sanitation Licensing Group  
 1100 West 49<sup>th</sup> Street  
 Austin, Texas 78756

## 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 §295.55 of the Texas Asbestos Health Protection Rules:

### LICENSE FEES: (Two year term)

- NEW/RENEW: License Fee: \$1,102.00
- EXPIRED FOR 90 DAYS OR LESS: (1.5 times license fee) License fee: \$1,637.00
- EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: (2 times license fee) License fee: \$2,172.00

### REQUIREMENTS FOR A NEW 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 from the Texas Secretary of State, Austin, Texas, unless an exemption is filed in accordance with §295.39(e).
- 3. Complete Business Information Form.
- 4. Qualification for licensing in accordance with §295.55 (d).
- 5. A course schedule and an example of course certificate(s) in accordance with §295.55 (e)(2) and (e)(3).
- 6. Resume and qualifications for each instructor in accordance with §295.55(f).
- 7. At least three (3) professional references for each instructor in accordance with §295.55 (f)(2).
- 8. Application information in accordance with §295.65 (d).

### ADDITIONAL REQUIREMENTS FOR A RENEWAL LICENSE:

- 1. A list of all the currently approved instructors and guest speakers you intend to continue using in your asbestos training program (please be sure to distinguish whether the individual is an instructor or guest speaker); If an individual previously qualified as an instructor and/or guest speaker is not included on this list, he or she will be considered deleted from your training program.
- 2. Copies of current accreditation from the Environmental Protection Agency asbestos course(s) you intend the instructor(s), from list mentioned above, to teach.
- 3. A list of all the instructors and guest speakers you intend to discontinue from your asbestos training program.
- 4. A list of all the individuals you intend to add as instructors or guest speakers to your program, including required documentation in accordance with §295.55 (f).
- 5. A current course schedule, including the name of the instructor that will teach each course.
- 6. Any changes in the status of your training program qualifications as listed under §295.55 (d) & (e).
- 7. Previously submitted course manuals that have been modified for use in your current training program.
- 8. A written statement of intent and a course manual for each asbestos course you intend to add to your current training program, if applicable at the time of renewal.
- 9. Any other modifications or changes in the status of your overall asbestos training program.

### 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.)