

现行的纽约市环保局  
(New York City Department of Environmental Protection)  
环境合规办公室 (Bureau of Environmental Compliance)  
石棉控制计划 (Asbestos Control Program)  
59-17 Junction Boulevard, 8<sup>th</sup> floor  
Flushing, New York 11373-5108

**石棉认证申请填写说明**  
必须使用英文回答所有问题

- a) 阅读对石棉处理者、受限制的处理者、主管和/或调查员认证的要求，详情见第 15 卷第 1 章。该规则（于 2019 年 1 月 6 日生效）的副本已被发布在环保局的网站，网址是 <http://www.nyc.gov/html/dep/html/asbestos/asbestos.shtml>
- b) 完成本申请的 **1 至 18** 项，并且在申请表末尾处按要求签署姓名。未能完成**所有**项目将导致申请被拒绝。
- c) 所有申请获得新的以及更新认证的申请人须有现行的纽约州带照片驾驶执照或非驾照身份证。两类身份证皆无的人可在附近任一纽约州机动车辆管理办公室（NYS Department of Motor Vehicles Office）拍照。您可拨打‘311’，以找到附近的办公室。阅读纽约州机动车辆管理局（New York State Department of Motor Vehicles, NYS DMV）《照片申请说明表》（*Request for a Photo Image instruction sheet*）。在前往 DMV 拍照前了解 DMV 可接受的身份证明。电话联系或访问网站 <http://www.dmv.ny.gov/license.htm#identification>，以获得《纽约州机动车辆管理局对身份证明的一般要求》（*New York State Department of Motor Vehicles General Requirements for Proof of Identity*）
- d) 在您的申请表中附上一份您的 NYS DMV 驾驶执照、非驾照身份证或从 NYS DMV 处获得的 FS - 6T 收据的清晰副本。  
所有更新申请人**请注意**：除非有要求，您不必在该部门的档案中已经有文件记录时再次提交有效的纽约州机动车辆管理局身份证的副本。
- e) 附上您的社会保障卡、所有现行的纽约市环保局（New York City Department of Environmental Protection, NYC DEP）石棉证书，以及/或者可能在您的申请中必须提供的所有当前的州执照或证书的副本。  
所有更新申请人**请注意**：除非有要求，您不必在该部门的档案中已经有文件记录时再次提交有效的社会保障卡、现行的 NYC DEP 证书以及/或者所有当前的州执照或证书的副本。
- f) 针对您要申请的石棉认证类型（处理者、受限制的处理者、主管或调查员/检查员）附上纽约州卫生局（NYS Department of Health, NYS DOH）石棉安全培训证书（表格 DOH2832）。  
**注意**：该表格必须在提交申请时是**现行的**。
- g) 初次申请人：附上两（2）张完全相同的有白色背景的彩色护照照片。更新或再次申请人：附上一（1）张有白色背景的护照照片。**注意**：该照片中**不得**有帽子、眼镜或满脸胡须。
- h) 按要求附上无退款的申请处理费用（支票或汇票），收款方为 New York City Department of Environmental Protection。参阅该申请表的第 1 项。

- i) 所有初次申请人:
- a. 您将收到关于何时以及何地报告参加认证考试的邮寄通知。
  - b. 您必须在参加认证考试时带上带照片的身份证和您的预约信函。

j) 在将申请提交到该部门前复印并保留所有文件的副本。

k) 使用普通或认证邮件将完整填写的申请、附件和相关附录寄至:

**CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL PROGRAM  
59-17 JUNCTION BOULEVARD, 8<sup>TH</sup> FLOOR  
FLUSHING, NEW YORK 11373-5108**

l) 除了上述邮寄地址以外，您还可电话联系石棉控制计划（Asbestos Control Program）(718) 595-3693、(718) 595-3695，或发送传真至 (718) 595-3776。

m) DMV 会将您的证书寄到您申请表上的地址。

n) 您可撤回对 NYC DEP 和 NYS DMV 出于身份识别目的使用您的 NYSDMV 照片表示的同意，具体方式是使用认证邮件向 NYC DEP 邮寄有签名并且经公证的《撤回同意》（**Withdrawal of Consent**）表，邮寄地址见该表格。不要在您的申请中寄回本表格。

**注意：** 仅在您将来希望撤回同意时使用本表格。

**ASBESTOS CERTIFICATION APPLICATION**  
**ALL ANSWERS MUST BE IN ENGLISH**

<p>1. Certification Type: <span style="float: right;">Application fee: (non-refundable) \$100.00</span></p> <p><input type="checkbox"/> Asbestos Handler</p>	<p>2. Application Type:</p> <p><input type="checkbox"/> Initial  <input type="checkbox"/> Renewal</p> <p>Specify which certificate you are renewing #: _____</p> <p style="text-align: right;">Expiration date: _____</p>		
3. Social Security Number: _____ - _____ - _____	4. DMV Number: _____		
5. Last Name: _____			
6. First Name: _____ Middle Initial: _____			
7. Mailing/ Home Street Address: _____ Apt. #: _____			
8. City/Town: _____ State: _____ Zip Code: _____			
9: Home Telephone Number: (_____) _____ - _____ 10: Work Telephone Number: (_____) _____ - _____			
11: Birthday: ____/____/____ <small>(Month/ Day/ Year)</small>	12: Height: ____ Feet ____ Inches	13: Weight: ____ lbs.	14: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Applicants need to provide as attachments to this form: <input type="checkbox"/> Passport photo (2 for initial, 1 for renewal) <input type="checkbox"/> Copy of NYS DMV ID or License (initial only) <input type="checkbox"/> Copy of Social Security Card (initial only) <input type="checkbox"/> NYS DOH Form 2832 Proof of Training (all applicants)	15a. Email Address: _____		
16. Name of Current Employer: _____			
Street Address: _____			
City: _____ State: _____ Zip: _____ Start Date of Employment: _____			
<p>17. <b>MANDATORY SECTION:</b> for all applicants:</p> <ul style="list-style-type: none"> <li>• Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime related to asbestos or occupational safety or health (felony or misdemeanor) in any court?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded, or otherwise disciplined you?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Are criminal charges related to asbestos or occupational safety or health pending against you in any court?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Are charges pending against you in any jurisdiction for any sort of professional misconduct?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul>			

**ASBESTOS CERTIFICATION APPLICATION**

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18. I, \_\_\_\_\_ (print name), the undersigned, authorize the New York City Department of Environmental Protection (NYCDEP) to request that the Department of Motor Vehicles (DMV) of the State of New York produce an ID card bearing my DMV photo subject to compliance with the identification requirements of the DMV. I understand the DMV will send the ID card to the address specified in my DEP application form. I also understand that DEP and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the NYCDEP.

I certify that all statements on this application, including appendices and other documents I have submitted are true and complete to the best of my knowledge. I understand that false or misleading statements shall be sufficient cause for disqualification, suspension, or revocation of an asbestos certificate used under the application.

Lastly, I acknowledge that lost certificates must be immediately reported and that failure to report a lost or stolen certificate may result in a fine or other punitive action.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Note: failure to complete all sections will result in rejection of application.**