

New York City Department of Environmental Protection
Bureau of Environmental Compliance
Asbestos Control Program
59-17 Junction Boulevard, 8th floor
Flushing, New York 11373-5108

ASBESTOS CERTIFICATION INSTRUCTION SHEET

- a) Read the requirements for asbestos handler, restricted handler, supervisor, and/or investigator certification that are detailed in Title 15, Chapter 1. A copy of the Rules (**effective January 6, 2019**) is posted on the Department's website, at <http://www.nyc.gov/html/dep/html/asbestos/asbestos.shtml>
- b) Complete all items on the application form titled "Application for Asbestos Certification."
- c) All applicants for new and renewed certifications will have a current New York State photo Driver's License or Non-Driver ID card. Anyone without either of these may have their photograph taken at any nearby NYS Department of Motor Vehicles Office. You may call '311' to locate the nearest office. Read the New York State Department of Motor Vehicles (NYS DMV) *Request for a Photo Image instruction sheet*. Check with the DMV for acceptable proofs of identity before going to the DMV for photographs. Telephone or check the website at <http://www.dmv.ny.gov/license.htm#identification> for the *New York State Department of Motor Vehicles General Requirements for Proof of Identity*

- d) Attach a clear copy of your NYS DMV driver license, non-driver ID, or the FS-6T receipt received from NYS DMV to your application.

Note for all Renewal Applicants: there is no need to resubmit a copy of a valid New York State Department of Motor Vehicles ID card if the documentation is already in the Department's files, unless requested.

- e) Attach copies of your social security card, all current New York City Department of Environmental Protection (NYC DEP) asbestos certificate(s), and/or all current state licenses or certificates which may be required for your application.

Note for all Renewal Applicants: there is no need to resubmit copies of a valid social security card, current NYC DEP certificate(s), and/or all current state licenses or certificates if the documentation is already in the Department's files, unless requested.

- f) Attach a copy of the NYS Department of Health (NYS DOH) certificate of asbestos safety training (Form DOH2832) for the asbestos certification type (handler, restricted handler, supervisor, or investigator/inspector) for which you are applying.

Note: the form must be **current** at the time of application submission.

- g) Initial applicants: Attach two (2) identical passport type color photographs with a white background. Renewal or duplicate applicants: Attach one (1) passport type photograph with a white background. **Note:** The photographs must **not** contain hats, eyeglasses, or full-face beards.

- h) Attach the required non-refundable application-processing fee (check or money order) payable to the New York City Department of Environmental Protection. *Refer to item 1 of the application form.*

- i) **Initial supervisor applicants:** complete and attach appendices C and F.

Note: Appendix "F" must be notarized and jobs must be in chronological order.

- j) **Initial investigator applicants:**

- a. Attach original notarized letters of reference from past or present employers verifying your experience in relevant building survey/hazard assessment work.
- b. Attach proof of successful completion of an introductory 8-hour minimum blueprint reading course.

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- c. Complete and attach appendices A, B, D and E if required.

Note: Appendix "A" must be completed and signed by a physician within the last twelve (12) months prior to date of application submission.

Note: Appendix "B" must be completed and signed by an Industrial Hygienist within the last three (3) months prior to the date of application submission.

Note: Appendix "E" must be notarized and surveys must be in chronological order.

- d. If you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. The services that are approved to make this evaluation are listed on the Foreign Education Evaluation Guide located on the DCAS website at www.nyc.gov/html/dcas/downloads/pdf/misc/foreigneducation.pdf.

k) **All initial applicants:**

- a. You will be notified by mail when and where to report for the certification examination.
- b. You must bring a photo ID card and your appointment letter to the certification examination.

l) **Renewal investigator applicants:** complete and attach Appendices A and B.

Note: Read note in Section J regarding the requirements for appendices A and B.

m) **Duplicate certification applicants:**

- a. Attach a notarized letter explaining the reason (lost, stolen, damaged, or change of personal information) for a duplicate certificate request.
- b. Attach official documentation to support any requested change(s) (name change etc.) in your personal information.
- c. A duplicate/replacement certificate may only be obtained twice in any two-year validity period. Under no circumstances will additional replacement certificates be issued within the two-year validity period.

- p) Make and keep copies of all documents before submitting the application to the Department.

- q) Hand deliver or send by regular or certified mail the completed application, attachment(s), and relevant appendices to:

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

- r) In addition to the mailing address above, you may contact the Asbestos Control Program at (718) 595-3693, (718) 595-3695 or by fax to (718) 595-3776.

- s) The DMV will mail your certificate(s) to the address on your application.

- t) You may withdraw your consent to the NYC DEP and NYS DMV to use your NYSDMV photo for ID purposes by sending a signed and notarized copy of the **Withdrawal of Consent** form to the NYC DEP by certified mail at the address on the form. Do not return this form with your application.

Note: Use this form only if you wish to withdraw consent in the future.

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APPLICATION FOR ASBESTOS CERTIFICATION

<p>1. Certification Type:</p> <p><input type="checkbox"/> Asbestos Handler Application fee: <input type="checkbox"/> Restricted Asbestos Handler \$100.00 <input type="checkbox"/> Asbestos Supervisor \$50.00 <input type="checkbox"/> Asbestos Investigator \$100.00 <input type="checkbox"/> Duplicate \$250.00 <input type="checkbox"/> \$50.00</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>		
<p>3. Social Security Number: _____ - _____ - _____</p>	<p>4. DMV Number: _____</p>		
<p>5. Last Name: _____</p> <p>6. First Name: _____ Middle Initial: _____</p>			
<p>7. Mailing/ Home Street Address: _____ Apt. #: _____</p> <p>8. City: _____ State: _____ Zip Code: _____</p> <p>9. Home Telephone Number: (____) _____ - _____ 10. Work Telephone Number: (____) _____ - _____</p> <p>Note: For Asbestos Investigators: I want my work telephone number posted on the NYCDEP website: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>11. Birthday: ____/____/____ <small>(Month/ Day/ Year)</small></p>	<p>12. Height: ____ Feet ____ Inches</p>	<p>13. Weight: ____ lbs.</p>	<p>14. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>15. Applicants need to provide as attachments to this form:</p> <p><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)</p>		<p>15a. Duplicate certification:</p> <p><input type="checkbox"/> Lost certificate <input type="checkbox"/> Damaged certificate <input type="checkbox"/> Information change</p>	
<p>16. Name of current employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____ Start Date of Employment: ____/____/____ <small>(Month/Year)</small></p>			
<p>17. For all applicants:</p> <ul style="list-style-type: none"> • Have you 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 • 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 • 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 			

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- Are charges pending against you in any jurisdiction for any sort of professional misconduct?
 Yes No

18: Initial supervisors only need to provide as attachments to this form:

- Appendix C
- Appendix D

18a: Do you presently have a NYCDEP Asbestos handler certificate: Yes No

If yes, cert #: _____ Exp. date _____

Do you presently have a valid asbestos handling certificate/license for another state: Yes No

If yes, State: _____ Exp. Date _____

19: Initial investigators only need to provide as attachments to this form:

- Appendix A Appendix D
- Appendix B Appendix E
- Proof of successful completion of a 8-hour minimum Introductory Blueprint Reading Course

19a: Renewal investigators only need to provide as attachments to this form:

- Appendix A
- Appendix B

20. I, _____, the undersigned, authorize the New York City Department of Environmental Protection (NYCDEP) to request that the Department of Motor Vehicles of the State of New York (DMV) produce an ID card bearing my DMV photo subject to compliance with the identification requirements of the DMV. I understand that DMV will send this 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 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 issued under this 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: _____

In order to avoid delays in processing your application please carefully read the certification requirements in Title 15, Chapter 1 of the Rules of the City of New York and the accompanying instruction sheet. Incomplete or illegible information will cause a delay in receiving your certificate.

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Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: _____

Home Address: _____

City, State and Zip Code: _____

Telephone Number: (____) _____ - _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV₁), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is . . . is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Print Name of Physician _____

Date of Examination _____

Signature of Physician _____

Address _____

State License Number _____

Telephone Number _____

Please do not include any other medical information with this form.

Application for Asbestos Investigator

Appendix B

Respiratory Fit Test

Applicant Name: _____ Date of Birth: _____
Home Address: _____ Telephone Number: (____) _____-_____
City, State and Zip Code: _____ Social Security Number: _____-_____
Training Entity Name:* _____ Telephone Number: (____) _____-_____
Training Entity Address: _____ City, State, Zip: _____

Specify Type of Test and Test Agent (Mark the appropriate boxes)

Qualitative

- Irritant Smoke Test
- Odor Vapor Test
- Taste Test

Quantitative

- Aerosol
- Gas
- Vapor
- Other _____

Respirators Tested

Type:	_____	_____	_____	_____
Brand:	_____	_____	_____	_____
Size:	_____	_____	_____	_____
Proper Fit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Administered By:

Print Name of IH, CSP, or CIH** _____

Date _____

Signature of IH, CSP, or CIH _____

Address _____

Telephone Number _____

City, State and Zip Code _____

* If Applicable

** Industrial Hygienist (IH), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH)

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Application for Asbestos Investigator
Appendix D

Experience

Applicant Name: _____

Social Security Number: _____

Please list in chronological order (starting with the most recent) your employment history directly related to building survey/hazard assessment for asbestos and/or other related building survey experience. Attach additional sheets necessary.

Company Name	Employment Period
Company Address	From _____ to _____
City _____ State _____ Zip _____	Title
Telephone Number	
Describe Specific Duties	

Company Name	Employment Period
Company Address	From _____ to _____
City _____ State _____ Zip _____	Title
Telephone Number	
Describe Specific Duties	

Company Name	Employment Period
Company Address	From _____ to _____
City _____ State _____ Zip _____	Title
Telephone Number	
Describe Specific Duties	

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APPLICATION for ASBESTOS INVESTIGATOR CERTIFICATION

NAME: _____

APPENDIX - E

SURVEY LOCATION (FULL ADDRESS & LOCATIONS)	SCOPE OF WORK TYPE of SURVEY Nature of responsibility	NAME and FULL ADDRESS	FLOORS		# OF FLOORS SQ. FT. YOU HANDLED	# OF BULK SAMPLES TAKEN	SURVEY DATES	COMMENTS LIST AREA(S) SURVEYED (e.g. Boiler Rm., & Plenum, entire Bldg
			OR SQ. FT.	SQ. FT.				
							//	
							TO //	
							TO //	
							TO //	
							TO //	
							TO //	
							TO //	

UPDATED 12/2017

LIST NAMES OF NYC DEP CERTIFIED ASBESTOS INVESTIGATORS YOU HAVE ASSISTED OR WORKED WITH:

ATTACH ADDITIONAL SHEETS, IF NECESSARY
LIST PROJECTS IN CHRONOLOGICAL ORDER

The foregoing is a statement of fact.

Applicant Signature _____ Date _____

Signature and Seal of Notary Public of Commissioner of Deeds _____ Expiration Date. _____

NAME: _____		APPENDIX - E					
SURVEY LOCATION (FULL ADDRESS & LOCATIONS)	SCOPE OF WORK TYPE OF SURVEY NATURE OF RESPONSIBILITY	NAME and FULL ADDRESS	FLOORS OR SQ. FT.	# OF FLOORS SQ. FT. YOU HANDLED	# OF BULK SAMPLES TAKEN	SURVEY DATES	COMMENTS LIST AREA(S) SURVEYED (e.g. Boiler Rm., Plenum, Entire Bldg)
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	
						__/__/__ TO __/__/__	

UPDATED 12/2017

LIST NAMES OF NYC DEP CERTIFIED ASBESTOS INVESTIGATORS YOU HAVE ASSISTED OR WORKED WITH:

ATTACH ADDITIONAL SHEETS, IF NECESSARY
LIST PROJECTS IN CHRONOLOGICAL ORDER

The foregoing is a statement of fact.

Applicant Signature _____ Date _____

Signature and Seal of Notary Public of Commissioner of Deeds _____ Expiration Date: _____



REQUEST FOR PHOTO IMAGE
If you don't already have a NYS Driver License or Non-Driver ID



Your new **asbestos worker photo identification card** from the New York City Department of Environmental Protection (DEP) will be manufactured by the NYS Department of Motor Vehicles (DMV). To do this, DMV must take your picture or have a picture of you on file.

- **If you already have** a valid NYS Driver License or Non-Driver ID Card with a photo, **you do not need to visit a DMV office.** Complete the attached DEP Asbestos Worker Application for Photo ID Card and return the form to the DEP.
- **If you do not have** a valid NYS Driver License or Non-Driver ID Card with a photo, **you must visit a DMV office to have your picture taken at no charge.** Bring this form and proofs of your name, date of birth, and signature to the DMV office (see "Identification Requirements below"). After reviewing your proofs, a DMV staff member will take your picture and give you a receipt. Your receipt (FS-6T) will have a 9-digit ID number assigned by DMV. Write that number on the DEP Asbestos Worker Application for Photo ID Card and return the form to the DEP.

If you want, you can apply for a NYS Non-Driver ID Card when you have your picture taken at the DMV office.

IDENTIFICATION REQUIREMENTS

Before DMV can take your photo, you must provide proof of name, and proof of date of birth. All proofs must be original documents or documents certified by the agency that issued them. At least one proof must show your signature. Photocopies are not acceptable. Documents of the same type count as only one proof (for example, two or more credit cards count as only one credit card). For a list of acceptable documents for proof of identity and proof of date of birth, see DMV form ID-44, available on-line at www.nysdmv.com. (NOTE: For an Image Capture Only transaction, it is not a requirement that you present a Social Security card as one of your proofs of identity. If you do present a Social Security card as a proof of identity, it will count for two points.)

Warning - DMV will not accept documents with alterations or erasures. Any such documents may be confiscated. Presenting fraudulent documents may also result in criminal prosecution.

DMV OFFICE INSTRUCTIONS (DMV Use Only)

Name	Date of Birth	Sex
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The NYC Department of Environmental Protection referred this customer to DMV for an Image Capture Only (ICO) transaction. (Reminder: The ICO is a no-fee transaction.) If the customer only needs an ICO for the Department of Environmental Protection's ID card, an MV-44 application is not needed. However, if the customer also wants to obtain a Non-Driver ID Card, have him/her complete an MV-44, and process as usual.

In either case, **review** the customer's proofs of name, date of birth and signature for acceptability. **Identify** the proofs the customer provides by checking them on an ID-44. (NOTE: For an Image Capture Only transaction, it is not a requirement that the customer present a Social Security Card as one of their proofs of identity. If they do present a Social Security Card as a proof of identity, it will count for two points.) **Print** the customer's name, date of birth, and sex in the spaces above. **Staple** the office copy of the FS-6T to this page and to the ID-44 (and to the MV-44 if one is needed), and place the pages in your batch paperwork. **Tell** the customer to keep his/her copy of the FS-6T, because he/she will need the client ID# that is printed on the FS-6T.



New York State Department of Labor
David A. Paterson, *Governor*
M. Patricia Smith, *Commissioner*

Memorandum:

This is a reminder to everyone engaging, or considering engaging, in asbestos work in New York City. The following conditions are to be met in order to engage in any type of asbestos related work in New York City:

1. You must obtain appropriate certification with the **New York State** Department of Labor (DOL). For example, you must obtain valid, state-issued, Asbestos Inspector certification in order to conduct asbestos surveys/investigations in New York City;
2. The company you work for must possess a valid asbestos handling license issued by the New York State Commissioner of Labor.
If you are self-employed, you must obtain a valid asbestos handling license in order to perform any type of asbestos related work including Allied Trades.
Example: If you independently conduct asbestos surveys as an Inspector you must obtain an asbestos handling license;
3. Both the company's asbestos handling license and the individual's asbestos certification (DOL) must be valid at the time they engage in any type of asbestos related activity.

If you have any questions, please contact the NYSDOL Asbestos Control Bureau @ 212-775-3538. 75 Varick Street, 7th Floor
New York, NY 10013
