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.
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.
# 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

## APPLICATION FOR ASBESTOS CERTIFICATION

1. Certification Type:  
   - ☐ Asbestos Handler: $100.00  
   - ☐ Restricted Asbestos Handler: $50.00  
   - ☐ Asbestos Supervisor: $100.00  
   - ☐ Asbestos Investigator: $250.00  
   - ☐ Duplicate: $50.00  

2. Application Type:  
   - ☐ Initial  
   - ☐ Renewal  
   - Specify which certificate you are renewing #:  
   - Expiration date:  

3. Social Security Number: ______-____-______  

4. DMV Number: ______-____-______  

5. Last Name: ____________________________  

6. First Name: ___________________________  
   Middle Initial: _________________________  

7. Mailing/ Home Street Address: ____________________________  
   Apt. #: ___________________________  

8. City: ___________________________  
   State: ___________________________  
   Zip Code: ___________________________  

9. Home Telephone Number: (_____) ______-_____  
10. Work Telephone Number: (_____) ______-_____  

Note: For Asbestos Investigators: I want my work telephone number posted on the NYCDEP website:  ☐ Yes  ☐ No

11. Birthday: ____/____/______  
    (Month/ Day/ Year)  

12. Height: ____ Feet ____ Inches  


14. Gender:  
   - ☐ Male  
   - ☐ Female  

15. Applicants need to provide as attachments to this form:  
   - ☐ Passport photo (2 for initial, 1 for renewal)  
   - ☐ Copy of NYS DMV ID or License (initial only)  
   - ☐ Copy of Social Security Card (initial only)  
   - ☐ NYS DOH Form 2832 Proof of Training (all applicants)  

15a. Duplicate certification:  
   - ☐ Lost certificate  
   - ☐ Damaged certificate  
   - ☐ Information change  

16. Name of current employer:  
   ____________________________  

   Street Address: ____________________________  

   City: ___________________________  
   State: ___________________________  
   Zip: ___________________________  
   Start Date of Employment: /______/______  
   (Month/Year)  

17. For all applicants:  
   - Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contender to a crime related to asbestos or occupational safety or health (felony or misdemeanor) in any court?  
     ☐ Yes  ☐ 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?  
     ☐ Yes  ☐ No  

   - Are criminal charges related to asbestos or occupational safety or health pending against you in any court?  
     ☐ Yes  ☐ No
- 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               |

<table>
<thead>
<tr>
<th>18a: Do you presently have a NYCDep Asbestos handler certificate:</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, cert #:</td>
<td>Exp. date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you presently have a valid asbestos handling certificate/license for another state:</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, State:</td>
<td>Exp. Date</td>
</tr>
</tbody>
</table>

| 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.
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.
New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

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: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ 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)
New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 6th Floor 
Flushing, New York 11373 

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.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Employment Period</th>
<th>Title</th>
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<tbody>
<tr>
<td></td>
<td>From</td>
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<table>
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<tr>
<th>Company Address</th>
<th>Telephone Number</th>
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<tr>
<td>Address</td>
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<td>City</td>
<td>State  Zip</td>
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Describe Specific Duties

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<td>State  Zip</td>
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Describe Specific Duties
# Application for Asbestos Investigator Certification

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

**APPLICATION for ASBESTOS INVESTIGATOR CERTIFICATION**

<table>
<thead>
<tr>
<th>SURVEY LOCATION (FULL ADDRESS &amp; LOCATIONS)</th>
<th>SCOPE OF WORK</th>
<th>NAME and FULL ADDRESS</th>
<th>FLOORS OR SQ. FT. HANDLED</th>
<th># OF FLOORS</th>
<th># OF BULK SAMPLES TAKEN</th>
<th>SURVEY DATES</th>
<th>COMMENTS</th>
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<td>Boiler Rm., &amp; Plenum, entire Bldg</td>
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**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.**

**UPDATED 12/2017**
### APPENDIX - E

<table>
<thead>
<tr>
<th>SURVEY LOCATION (FULL ADDRESS &amp; LOCATIONS)</th>
<th>SCOPE OF WORK TYPE of SURVEY NATURE OF RESPONSIBILITY</th>
<th>NAME and FULL ADDRESS</th>
<th>FLOORS OR SQ. FT.</th>
<th># OF FLOORS SQ. FT. YOU HANDLED</th>
<th># OF BULK SAMPLES TAKEN</th>
<th>SURVEY DATES</th>
<th>COMMENTS</th>
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<td></td>
<td>LIST AREA(S) SURVEYED (e.g. Boiler Rm., Plenum, Entire Bldg)</td>
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</tbody>
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**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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
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</thead>
</table>

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.

ID-5DEP (11/03)
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