Iowa Division of Labor Asbestos Abatement

150 Des Moines Street Des Moines, IA 50309-1836

Phone: 515-281-6175 Fax: 515-725-2427 asbestos@iwd.iowa.gov asbestos.iowa.gov

FOR OFFICE USE ONLY				
License #:				
Expiration date:				
Check #:				
Date entered:				

<u>asbestos.iowa.gov</u>					Date entered:					
Asbestos	License A	Application								
New	New Renewal Replacement Previous Asbestos License #:									
training certif	icates. Email pervisor licen	nust include non-refu a head-and-shoulder se must also complet ms.	picture o	f appl	licant to: as	bestos@iwd.	iowa.g	<u>ov</u> . Applio	ants fo	or worker and
		one may be request		١٥			C	-t	!	
Worker - \$20.00 Inspector - \$20.00 Contractor/Supervisor - \$50.00										
Project De	signer - \$50.0	00 Manag	ement Pla	anner	- \$20.00		Rep	olacement (Card -	\$10.00
Full applicant name							Date of birth		Social security #	
Address		Cit	City				State		Zip	
Phone number Email					Contact person if different than app			applicant	Phone number	
statement on th penalty of up to Iowa Code Chap security number	is application of \$5,000.00 may oters 252J and 2 r, this applicatio	abor may deny this applier the attached document also result from obtainin 72D require records of a n will be denied. Your so	s. Criminal g or attemp sbestos lice ocial security	charge oting to nses to numb	es, forfeiture o obtain a lic o be maintair oer, name an	of your applicat ense through de ed by social sec d address may b	ion fee, eceptive curity nu be share	denial of fut or frauduler umber. If you d with other	ure app nt mean I withho state ag	lications and a civil s. old your social gencies. If you are
Certification ar	nd Authorization	on: I hereby certify the inse to the Iowa Division o	formation I	am su	bmitting is to	ue and valid an	d I am a	at least 18 ye	ars of a	ge. I hereby
Mail the lice	ense to my ado	lress above (do not con	nplete the b	oox be	elow)					
Mail the lice	ense to someo	ne other than myself (co	ompete the	box b	pelow)					
Applicant Signature Date										
Complete bo	ttom portio	n ONLY if license is t	to be mai	led to	someone	other than I	icense	e		
Permittee Ac	knowledgen	nent								
Company name Your name		me		Title			Phone number			
Address				City					State	Zip
The permittee	e agrees to pr	omptly deliver the lic	ense to th	ne lice	nsee.					

Date

Authorized Signature

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Date Received:					
Approved	Denied				
Approved	Denied				

Physician's Certification

Instructions

informed of the increased risk of lung cancer attributed determined that the applicant is capable of working whi I CERTIFY THAT THE INFORMATION ON THIS FORM Physician's Signature Date STATE OF COUNTY OF Signed and sworn to (or affirmed) before me on this	ile wear	ring a negative pr	essure respirator w	ithout restri	sure. I have ction.
informed of the increased risk of lung cancer attributed determined that the applicant is capable of working whi I CERTIFY THAT THE INFORMATION ON THIS FORM Physician's Signature Date STATE OF COUNTY OF	ile wear	ring a negative pr JE AND ACCURA ense Number	ressure respirator w TE TO THE BEST C Date of E	ithout restri	sure. I have ction.
informed of the increased risk of lung cancer attributed determined that the applicant is capable of working whi I CERTIFY THAT THE INFORMATION ON THIS FORM	ile wear	ring a negative pr	ressure respirator w	ithout restri	sure. I have
informed of the increased risk of lung cancer attributed determined that the applicant is capable of working whi	ile wear	ring a negative pr	essure respirator w	ithout restri	sure. I have
informed of the increased risk of lung cancer attributed			_	•	sure. I have
I certify that I have performed a physical examination of mandatory OSHA guidelines for this physical in 29 CFR 3 accordance with the OSHA guidelines. I performed a physical gastrointestinal systems, including tests of forced vital cand classified the applicant's chest in accordance with 2 result of the examination and of any medical conditions	1910.13 nysical e apacity 9 CFR 1	34 and 1926.1101 examination of th y and forced expir 1926.1101, Apper require further ex	and the examination are applicant focused tatory volume at on andix E. The applicar applanation or treatn	on I conduct d on the pulr e second. I nt was inforn nent. The ap	ed was in monary and interpreted ned of the
Phone number		Fax number			
Address	City			State	Zip
Physician Information Name		Clinic name			
Applicant's full name			Date of birth		
of any future applications for asbestos licenses and a	civii pe	Enaity of up to \$.	3,000.00		

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Applicant Signature

Respiratory Protection Form

FOR OFFICE USE ONLY				
Date Received:				
Asbestos License #:				
Approved	Denied			

This form must be submitted with a contractor/supervisor or worker asbestos license application. Complete Part I and either Part II or Part III. Send the original signed forms to the address above. A photocopy will not be accepted. The accuracy of this document may be verified by the Iowa Division of Labor. Falsification of any part of this form may result in criminal charges, denial of application, forfeiture of application fee, denial of future application and a civil penalty up to \$5,000.00. Please print

legibly. Part I **Applicant Information** Date of birth Name Phone number **Respirator Information** Respirator name Respirator model number Respirator type Respirator size Part II **Fit Tester Information** Name Company Phone number Address City State Zip Fit test method used I certify that the above applicant has been successfully fit tested and is able to wear the above respirator. I certify that I am familiar with the OSHA procedures for fit tests found in 29 CFR 1926.1101, Appendix C, and followed those procedures while performing this fit test. I certify that the information on this form is true and accurate to the best of my knowledge. **Fit Tester Signature** Date **Part III** In order to protect my health, I will wear a positive pressure respirator such as a powered air purifying respirator whenever I am in a regulated area.

Date