

Iowa Division of Labor**Asbestos Abatement**

1000 East Grand Avenue

Des Moines, IA 50319

Phone: 515-281-6175

Fax: 515-281-7995

Email: asbestos@iwd.iowa.govwww.iowadivisionoflabor.gov/asbestos-abatement**FOR OFFICE USE ONLY**

Date Received: _____

Asbestos License #: _____

Approved

Denied

Respirator Fit Test Form

This form must be submitted with a contractor/supervisor or worker asbestos license application. 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.

Print Legibly**Applicant Information**

Name	Date of birth	Phone number
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Respirator Information

Respirator name	Respirator model number
Respirator type	Respirator size

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