

Official Use Only

Paid: \$  
Check #:  
M.O. #:  
Date:

VERMONT DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH  
ASBESTOS AND LEAD REGULATORY PROGRAM  
P.O. Box 70, 108 Cherry Street  
Burlington, VT 05402

APPLICATION FOR CERTIFICATION OF ASBESTOS TRAINING COURSES (rev. 5/09)

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Contact the Program at (802) 863-7236 or (800) 439-8550 in Vermont with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

1) TRAINING ENTITY

Name of Training Provider: \_\_\_\_\_  
Responsible Individual: \_\_\_\_\_  
Responsible Individual Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

2) TYPE OF COURSE: Indicate the training to be offered.

**INITIAL COURSES (\$480.00 each)**

\_\_\_\_\_ Worker  
\_\_\_\_\_ Contractor/Supervisor  
\_\_\_\_\_ Project Designer  
\_\_\_\_\_ Inspector  
\_\_\_\_\_ Management Planner  
\_\_\_\_\_ Project Monitor  
\_\_\_\_\_ Visuals Clearance and Air  
Sampling for Project Monitor

**ANNUAL REFRESHER COURSES (\$300.00 each)**

\_\_\_\_\_ Worker Refresher  
\_\_\_\_\_ Contractor/Supervisor Refresher  
\_\_\_\_\_ Project Designer Refresher  
\_\_\_\_\_ Inspector Refresher  
\_\_\_\_\_ Management Planner Refresher  
\_\_\_\_\_ Project Monitor Refresher

3) APPLICATION AND CERTIFICATION INFORMATION

a.) **CHECK ONE:**

If renewal

Certification # \_\_\_\_\_ exp. Date \_\_\_\_\_  
Certification # \_\_\_\_\_ exp. Date \_\_\_\_\_

INITIAL CERTIFICATION:

RENEWAL CERTIFICATION:

b) Have you ever previously applied for training course certification in the State of Vermont? If yes, please specify type of course, approval applied for and date of application

c) Does the courses have EPA or State approval? If so, which Region or State?

4) COURSE SCHEDULING AND LOCATIONS

Please attach a proposed or projected schedule with dates and locations of training course offerings.

5) ATTENDANCE AND INSTRUCTIONS

Number of instructors to conduct course: \_\_\_\_\_  
Estimated instructor/student ratio for classroom work: \_\_\_\_\_  
Estimated instructor/student ratio for hands-on work: \_\_\_\_\_

6) Submit documentation of adherence to EPA Model Accreditation Plan requirements. Must include:

- a) Length of training in days.
- b) Amount and type of hands-on training.
- c) Examination (length, format, and passing score).
- d) Topics covered in the course.
- e) Handouts distributed during course.

- 7) Attach a written description of the instruction program to be used for each topic, including teaching methods to be used, copies of all written materials to be distributed, and include a complete copy of the course manual.
- 8) Attach names and qualifications of all course instructors. Instructors must have academic and/or field experience in asbestos abatement.
- 9) Attach a written description of the type and quantity of equipment to be used for demonstrations and/or hands-on practice exercises, such as respirators, negative air units, water spray devices, protective clothing, construction materials, etc. as required by the EPA Model Accreditation Plan.
- 10) Attach documentation that will show that the number of instructors, the amount of equipment and the facilities are adequate to provide the students with proper training in accordance with the EPA Model Accreditation Plan.
- 11) Attach a detailed statement about the development of the examination used in the course.
- 12) Attach a description of and an example of the numbered certificates issued to students who attend the course and pass the examination.

13.) ASSOCIATIONS WITH OTHER ASBESTOS RELATED BUSINESSES

Does the applicant, any employee or other individual with financial interests in the applicant have any financial or professional involvement in any other individual or firm certified under the Regulations for Asbestos Control?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

14) ENFORCEMENT ACTIONS

- a) Has your training company ever been notified by any state or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding asbestos training? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Has your training company ever been found to be in violation of any law or regulation regarding asbestos training by any state or federal agency or department? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Are there any outstanding actions or investigations regarding asbestos training initiated by any state or federal agency or department pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of these is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking action and copies of enforcement correspondence. Also include your response to this correspondence, and what procedures have been instituted to prevent further reoccurrences.

I certify that I have read and understood the Vermont Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF COURSE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Send completed application to: Vermont Department of Health  
 Environmental Health  
 Asbestos and Lead Regulatory Program  
 P.O. Box 70, 108 Cherry Street  
 Burlington, VT 05402

**DON'T FORGET TO ENCLOSE THE COMPLETED TAX FORM WITH YOUR APPLICATION!**

## Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

You **must** answer questions 1, 2, and 3.

### Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good Standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

1. You must check one of the three statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

OR

I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

### Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

2. You must check one of the two statements below regarding taxes:

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

OR

I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

### Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:

I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

OR

I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

### Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_