



# APPLICATION FOR INDIVIDUAL ASBESTOS LICENSE

State Form 43786 (R8 / 7-15)  
Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
Asbestos Licensing Program  
100 N. Senate Avenue, Room 1003  
Indianapolis, IN 46204-2251  
Telephone: (317) 233-3861  
[www.asbnotify@idem.in.gov](http://www.asbnotify@idem.in.gov)

**NOTE:** • This form must be used to apply for licenses pursuant to 326 IAC 18. If accessing this form on-line, you may print the blank form and fill it out by hand; or you may fill it in on-line, and then save it to your computer and print a hard copy for submission with original signatures.

- Please type or print in ink.
- Submit a check or money order in the amount of the license fee associated with the discipline you are applying for. A list of license fees is provided on page three (3) of this application. Make the check or money order payable to the "IDEM Asbestos Trust Fund." Mail all required documents to:

**Mail Code 61-52**  
Indiana Dept of Environmental Management  
100 North Senate Avenue, Room 1003  
Indianapolis, Indiana 46204-2251

Type of Application (Check One)	
<input type="checkbox"/>	Initial
<input type="checkbox"/>	Refresher

## PART A: GENERAL INFORMATION - TO BE COMPLETED BY APPLICANT

1. Name of Applicant Last			First	Middle Initial		
2. Home Telephone Number: (____) ____ - ____						
3. Address Where License can be Mailed Street			City	State	ZIP Code	
4. Name of Employer (if applicable):				Telephone Number of Employer: (____) ____ - ____		
				E-mail Address of Employer: _____		
5. Date of Birth Month Day Year ____/____/____	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Height ____ Feet ____ Inches	8. Weight ____ Pounds	9. Eye Color _____	10. Hair Color _____	

## PART B: EDUCATION REQUIREMENT FOR MANAGEMENT PLANNER\BUILDING INSPECTOR\PROJECT DESIGNER

► High School	
11. High School Name, City & State: _____	
12. High school degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: ____/____/____	13. GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: ____/____/____
► College	
If applicable to the license(s) for which you are applying, <b>attach a copy</b> of all pertinent college transcripts and/or diplomas. If this information is not attached, your <b>application will be denied</b> pending submittal of required documents.	

**PART C: WORK EXPERIENCE FOR AN INITIAL LICENSE AS A SUPERVISOR, MANAGEMENT PLANNER, OR PROJECT DESIGNER**

► List below beginning with your most recent job, only work experience that pertains to the license(s) for which you are applying. Additional sheets may be attached, if necessary, or resumes may be attached. Licenses that require work experience (Project Supervisor, Project Designer, Management Planner) will be denied if work experience information is not provided.

**WORK EXPERIENCE #1**

Name of Employer Telephone Number of Employer: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address of Employer – Street

City	State	ZIP Code
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Type of Business

Title of Position

E-mail Address of Employer

Specific Job Duties

Dates Employed ( <i>month/year</i> ) From ____/____ To ____/____	Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Number of Hours/week	Number of Employees You Supervised
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**WORK EXPERIENCE #2**

Name of Employer Telephone Number of Employer: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address of Employer – Street

City	State	ZIP code
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Type of Business

Title of Position

E-mail Address of Employer

Specific Job Duties

Dates Employed ( <i>month/year</i> ) From ____/____ To ____/____	Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Number of Hours/week	Number of Employees You Supervised
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**PART D: ASBESTOS TRAINING INFORMATION REMINDER**

► An initial license needs to submit your initial training certificate and each refresher thereafter. For a license renewal you only need to include your most recent refresher training certificate with the application. If copies of your most recent training certificate(s) are not included with your application, the license will be denied pending submittal of the required training certificate(s).

**PART E: LICENSE FEES**

Listed below is the annual license fee schedule for each asbestos license discipline. Check the appropriate box for each discipline for which you are applying and enter the total amount enclosed.

- |                          |                    |       |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | Inspector          | \$100 |
| <input type="checkbox"/> | Management Planner | \$100 |
| <input type="checkbox"/> | Project Designer   | \$100 |
| <input type="checkbox"/> | Project Supervisor | \$100 |
| <input type="checkbox"/> | Worker             | \$50  |

Total enclosed: \$ \_\_\_\_\_

**Note:**

- ❖ Make all checks and money orders payable to "**IDEM Asbestos Trust Fund.**"
- ❖ Pursuant to 326 IAC 18, the **nonrefundable application fee** is **not**:
- ❖ **transferable** from one (1) type of asbestos license to another,
- ❖ **transferable** from one (1) person to another,
- ❖ **transferable** to any other type of license issued by the department, unless requested by the applicant and approved by the department within three **(3) days** of submittal to the department or prior to application processing by the department, whichever is earlier.

**PART F: NOTES**

► **IMPORTANT**

- Allow a minimum of two (2) weeks for processing of a **complete application package** and receipt of your license(s).
- Applicants must complete all appropriate sections of this application and must include all required documents. **Sign and date** the application and return it to the **Cashier** address shown on page one (1). Applications will be returned which are incomplete or contain errors in response to any questions on the application. This will result in a delay in processing and issuance of your license(s).
- All information requested on this application is **mandatory** for the administration and processing of your license application pursuant to 326 IAC18. Except for scores on any training examination, all other personal data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 326 IAC 17-1-4.

I hereby certify that there are no misrepresentations or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local asbestos-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-MAIL ADDRESS OF APPLICANT: \_\_\_\_\_