



APPLICATION FOR ACCREDITATION FOR ASBESTOS WORKER TRAINING PROVIDER

FOR DEQ USE ONLY	
DATE RECEIVED	_____
AMOUNT RECEIVED	_____
CHECK NUMBER	_____
APPLICATION NUMBER	_____
NEW _____ RENEWAL _____	
MODIFICATION	_____

1. TYPE OF TRAINING: (Check one)

Supervisor for Full-Scale Asbestos Abatement:

FEE

Initial _____ \$ 320.00
 Refresher _____ \$ 320.00

Worker for Full-Scale Asbestos Abatement:

Initial _____ \$ 320.00
 Refresher _____ \$ 320.00

Make check for accreditation fee payable to: Department of Environmental Quality (DEQ) and mail with the completed application to the DEQ ATTN: BUSINESS OFFICE at 811 SW 6th, Portland, Oregon 97204. Contact DEQ for additional requirements if the course will not be offered within the State of Oregon. **You must use a separate form for each application.**

If this is a renewal, what is your requested renewal date? _____

2. OFFICIAL APPLICATION INFORMATION

Firm Name: This name will appear on the accreditation and must be the Legal Oregon corporate name (i.e., Acme Products) or the Legal representative of the company if the company operates under an assumed business name (i.e., John Smith dba Acme Products).

Mailing Address	City	State	Zip
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Contact Person	Telephone
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Complete both sides of this form and submit with all other materials and information required by Oregon Administrative Rules (OAR) 340 Division 248, in the order listed in OAR 340-248-0140(2)

I hereby apply for permission to provide asbestos abatement worker training and issue worker certifications for the State of Oregon as stated or described in this application and certify that the information contained in this application and exhibits appended hereto are true and correct to the best of my knowledge and belief.

Name of owner or legally authorized representative	Title
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Signature	Date
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