



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH ASBESTOS Contractor License Application

General Policies and Procedures

IMPORTANT: THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED "WALK-IN" MEETINGS. FOR QUESTIONS, PLEASE EMAIL: dph.ehlicensing@ct.gov

1. Fees

The fee for an initial license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Contractor licenses are renewed annually in the month of issuance.

No personal checks are accepted. Please remit the application fee, by CERTIFIED CHECK or MONEY ORDER ONLY, payable to, "TREASURER, STATE OF CONNECTICUT" in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for five years, however the application fee is good for ONLY one year.

2. Status Checks

It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: <https://www.elicense.ct.gov/> or email: dph.ehlicensing@ct.gov

3. License Issuance

After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the licensee shall receive written verification of the license number and the effective date. The three part licensing documents shall be sent to the licensee's address of record within 4-6 weeks after approval.

4. Requirements

License requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current licensing requirements.

5. Examinations

Licensing examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

(over, please)

Asbestos Contractor Requirements

1. A completed, notarized application, and fee of \$625.00 (*certified check or money order*) payable to “Treasurer, State of Connecticut”
2. Workers’ Compensation Insurance Certificate *or* Workers’ Compensation Exclusion Form
 - If you are a sole proprietor or Limited Liability Corporation partnership (LLC) with no employees, please go to the Workers’ Compensation Department website, www.wcc.state.ct.us/download/forms.htm to obtain the appropriate exclusion form to match your tax and employee status.
 - Please note that abatement projects require more than one person, thus if you employ additional workers, then you are required to have Workers’ Compensation Insurance at the start of each project.
3. If you are a sole proprietor conducting abatement, then you are required to be credentialed as an Asbestos Supervisor and Asbestos Contractor.
4. If you have been a sole or part owner in other asbestos contracting companies, or if you are or have been credentialed in other states, please provide full records for 3 completed abatement projects. Otherwise, leave that section blank.
5. Reinstatement: Please affirm in the presence of a notary that you have not worked in this state in the discipline for which you are applying since your certification expired. (*page 5*)

Mail to:

**Department of Public Health
Environmental Licensing
410 Capitol Avenue - MS # 12MQA
P.O. Box 340308, Hartford, CT 06134-0308**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS Contractor License Application

APPLICATION MUST BE TYPEWRITTEN. HANDWRITTEN APPLICATIONS WILL BE RETURNED

Check One: INITIAL REINSTATEMENT, CT License No: _____

Application Fee: \$625.00

Business Applicant: (include a certificate of authority from the Secretary of the State)

Company Name: _____

Federal Employee Identification Number (FEIN) _____

Connecticut SOTS Business ID Number _____

Name and Mailing Address: How your company name and address will appear on your official license, your address of record for all mailings and releasable information pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax: _____

E-mail: _____ Website: _____

COMPANY OFFICERS: (Current principal officers, partners or owners, and legal addresses, NOT a post office box)

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: ____-____-____ Percent Ownership: _____

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: ____-____-____ Percent Ownership: _____

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: ____-____-____ Percent Ownership: _____

Name: _____ Title: _____ Phone: _____

Address: _____

Date of birth: ____/____/____ Social Security No.: ____-____-____ Percent Ownership: _____

OTHER NAMES, ACRONYMS OR IDENTIFIERS: *List all names, dba's, acronyms or other identifiers by which the applicant is known or has done business.*

FINANCIAL INTEREST OF COMPANY OFFICERS: *List name and legal address of all asbestos abatement entities of which the applicant's officers, partners or owners have a financial interest.*

RACE/ETHNIC DATA: *(This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)*

- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK:** Persons having origins in any of the black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

CREDENTIALS IN OTHER STATES/TRIBES: *List all states (other than Connecticut) and tribes where you have or have had a credential in any asbestos abatement discipline.*

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION DATE

STATEMENT OF PROFESSIONAL HISTORY

- A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? **YES** **NO**

- B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? **YES** **NO**

- C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? **YES** **NO**

- D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? **YES** **NO**

- E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? **YES** **NO**

If you answer “yes” to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.

- F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? **YES** **NO**

If “yes” to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

- G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? **YES** **NO**

If “yes” to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.

PERSONNEL: List the numbers of **ALL** your personnel for each job category (employee names are not required). Count all your employees, not only those involved in asbestos abatement.

ASBESTOS SUPERVISOR _____ ASBESTOS WORKER _____ OTHER (administrative, etc.) _____

WORKERS' COMPENSATION INSURANCE Provide a copy of insurance certificate. Refer to "Requirements" for more information

Workers' Compensation Insurance Certificate or

Workers' Compensation Exclusion Form

- Sole proprietor or Limited Liability Corporation partnership (LLC) with no employees, go to the Worker's Compensation Department website, www.wcc.state.ct.us/download/forms.htm to obtain the appropriate exclusion form to match your tax and employee status. Please note that asbestos abatement projects require more than one person, thus if you employ additional workers, then you are required to have Workers' Compensation Insurance at the start of each project.

EQUIPMENT OWNED BY APPLICANT: Below, provide documentation of equipment owned by the applicant. Include information on the number of HEPA-filtered vacuum cleaners, HEPA-filtered portable ventilation systems, glove bags and other equipment necessary for asbestos abatement work (attach additional pages if needed). If no equipment, please explain.
