



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Verification of Experience Form

Applicant: Complete the top portion of this form and forward one to each employer where you have completed the required field or work experience. Please select the credential for which you are applying:

Asbestos Management Planner

Field Experience: 3 months field experience under the supervision of a licensed asbestos consultant certified as a management planner or

Work Experience: 6 months experience in asbestos abatement, including experience in asbestos management

Asbestos Project Designer

Field Experience: 6 months field experience under the supervision of a licensed asbestos consultant certified as a project designer or

Work Experience: 1 year experience in asbestos abatement, including experience in asbestos abatement design

NAME: _____ DATE OF BIRTH: ____/____/____

APPLICANT: DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE ONLY

I certify that the above individual, employed by _____,

Company name

has completed the required _____ months of asbestos experience from dates _____ / _____ to
number mm yyyy
_____/_____.
mm yyyy

Applicant's Job Title/Position: _____

Describe the applicant's work experience: _____

Field Experience:

Work performed under Licensed Consultant: _____ Lic #: _____

Form completed by:

NAME: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Mail or Email form to:

CT Department of Public Health
410 Capitol Ave, MS# 12EPL
P.O. Box 340308
Hartford, CT 06134-0308

Email: DPH.EHLicensing@ct.gov

