

**CERTIFICATION APPLICATION – INDIVIDUAL
ASBESTOS ACTIVITIES & INVESTIGATIONS**

**This form has been revised and renumbered. Please update your link to:
<http://dhs.wisconsin.gov/forms/F4/F44017.pdf>**

Street Address		
City	State	Zip
Contact Person	Telephone Number ()	Fax Telephone Number ()
Cellular Telephone Number ()	Pager Number ()	Email Address

Type of Company (check all that apply)

<input type="checkbox"/> Abatement Contractor	<input type="checkbox"/> Government - Local Housing	<input type="checkbox"/> Government – Wisconsin State	<input type="checkbox"/> Property Management
<input type="checkbox"/> CAP / Weatherization	<input type="checkbox"/> Government – Local Public Health	<input type="checkbox"/> Housing – Non-Government	<input type="checkbox"/> Roofing Contractor
<input type="checkbox"/> Construction / Renovation	<input type="checkbox"/> Government – Other Local Agency	<input type="checkbox"/> Industrial	<input type="checkbox"/> University / College
<input type="checkbox"/> Environmental	<input type="checkbox"/> Government – Other State	<input type="checkbox"/> Investigation / Consultant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Government - Federal	<input type="checkbox"/> Government – Indian Tribe	<input type="checkbox"/> K-12 School	

CERTIFICATION FEE

Write check or money order payable to DHFS. Check the web site www.wisconsin.gov for certification definitions.

Discipline	Fee	Discipline	Fee
<input type="checkbox"/> Asbestos Cementitious Roofing Worker	\$ 25.00	<input type="checkbox"/> Asbestos Cementitious Roofing Supervisor	\$ 50.00
<input type="checkbox"/> Asbestos Roofing Worker	\$ 25.00	<input type="checkbox"/> Asbestos Roofing Supervisor	\$ 50.00
<input type="checkbox"/> Asbestos Worker	\$ 50.00	<input type="checkbox"/> Asbestos Supervisor	\$100.00
<input type="checkbox"/> Asbestos Inspector	\$150.00	<input type="checkbox"/> Asbestos Project Designer	\$150.00
<input type="checkbox"/> Replacement Card	\$ 8.00	<input type="checkbox"/> Asbestos Management Planner	\$100.00

Explain what happened to the card: _____

Enclosed Fees Paid by Employer Self Other

The certification card will be mailed to the individual's mailing address.

For DHFS only. Payment Date _____	Paid This Application _____	Total Payment _____	
Old Expiration Date _____	New Certification Expiration Date _____	New Training Due _____	
Deposit _____	Data Entry _____	Data Check _____	Card Print _____