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| **Department of Health Services** | **State of Wisconsin** |
| Division of Public Health F-00049 (02/2025) | Wis. Adm. Code ch. DHS 159Page 1 of 2 |
| Asbestos Principal Instructor Application |
| Instructions: Complete this form to apply for approval as a principal instructor for asbestos training. This application is for people who are already certified in an asbestos discipline, or who are enclosing their certification application. |
| Your Information |
| Name – First      | Middle      | Last name(s)      |
| Address      |
| City      | State      | ZIP code      |
| Phone number      | Email      |
| **Approval Type and Fees** |
| Check the set of courses you are applying to instruct and include a check or money order payable to **DHS**. |
| **Courses you may teach** | **Fee** |
| Asbestos Worker, Supervisor, Exterior Worker, Exterior Supervisor (Abatement Supervisor certification required) | [ ]  $50 |
| Asbestos Inspector | [ ]  $50 |
| Asbestos Management Planner | [ ]  $50 |
| Asbestos Project Designer | [ ]  $50 |
| Additional Requirements for Initial Applicants |
| If this is your first time applying for principal instructor approval, you must complete the **Training and Experience** section on page 2. |
| Submit Application |
| Mailbox with solid fillMail your completed application, fee, and all required attachments to:State of WisconsinPO Box 93419Milwaukee, WI 53293-3419 |
| If you have questions, call (608) 261-6876.If you prefer a call in a language other than English, please email DHSAsbestosLead@dhs.wisconsin.gov to request an interpreter. |

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| Training and Experience for Initial Applicants |
| Initial applications must complete the additional requirements below.[ ]  Include one of the following:[ ]  Teaching methods certificate – at least a 16-hour train-the-trainer course certificate or equivalent training, including course description or agenda.[ ]  College transcript – coursework in educational methods.[ ]  Complete the following sections about your experience. |
| **Instruction Experience** |
| To be qualified for instructor approval, you must have at least one year of relevant work experience. |
| Organization      | Start date      | End date      |
| Contact name      | Contact email      |
| Description of experience      |
| **Professional References** |
| Include the names and contact information for 3 professional references. Only one may be from your current employer. |
| **Name**      | **Name**      | **Name**      |
| Company      | Company      | Company      |
| Email      | Email      | Email      |
| Phone number      | Phone number      | Phone number      |