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| **Department of Health Services** | | | **State of Wisconsin** | | | | |
| Division of Public Health  F-00049 (04/2025) | | | Wis. Adm. Code ch. DHS 159  Page 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. | | | | | | | |
| Signature | | | | | | | |
| I verify that the information submitted on this application is truthful and accurate. I understand that any false information provided may be grounds for denying or revoking my certification. I understand that I must comply with Wisconsin asbestos regulations. | | | | | | | |
| Signature | | | | Date | | | |
| Submit Application | | | | | | | |
| Mailbox with solid fillMail your completed application, fee, and all required attachments to:  State of Wisconsin PO Box 93419 Milwaukee, 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](mailto: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 | |