



GOVERNMENT OF PUERTO RICO

DEPARTMENT OF NATURAL AND ENVIRONMENTAL RESOURCES

Air Quality Area

APPLICATION FOR REGISTRATION PERSONS AUTHORIZED TO HANDLE ASBESTOS ASBESTOS REGISTRY CARD

Form #: ACAI-TA-ASB-2020-01

I. CATEGORY	
<input type="checkbox"/> Asbestos Inspector	<input type="checkbox"/> Asbestos Project Designer
<input type="checkbox"/> Asbestos Supervisor	<input type="checkbox"/> Asbestos Management Planner
<input type="checkbox"/> Asbestos Worker	<input type="checkbox"/> Asbestos Air Sampling Specialist
II. GENERAL INFORMATION	
Name: _____	
Physical Address: _____	
Postal Address: _____	
Home phone: _____ Mobile: _____ Work phone: _____	
E-mail: _____	
Company Name : _____	
Photo ID and ID number: _____	
III. APPLICATION FEE	
<input type="checkbox"/> Initial \$ 40.00	<input type="checkbox"/> Renewal \$ 40.00 <input type="checkbox"/> Duplicate \$ 10.00
IV. CERTIFICATE INFORMATION (from certification provider)	
Certificate Number: _____ Training facility name: _____	
Certificate expiration date: ____/____/____ (Month/ Day / Year)	
Are you requesting reciprocity from other state?: <input type="checkbox"/> No <input type="checkbox"/> Yes Name of State: _____	
V. REQUIREMENTS	
<ol style="list-style-type: none"> 1. Use one form for each applicant and for each category. 2. Present a complete application form in legible print or handwriting. 3. Include a copy of the course certificate. To apply for registration as Air Sampling Specialist, you must present evidence that you have completed NIOSH 582 (Airborne Asbestos Dust Sampling and Assessment), or an equivalent 40-hour course. 4. Bring the original certificate to confirm its authenticity. If you obtained your certification outside of Puerto Rico, you must request reciprocity <u>and</u> show that the school is an authorized provider by the delegated state or by the EPA <u>or</u> include a copy of the registration with the state where you obtained the certification, license, or registration. 5. Include two 2x2 pictures with the application. It must be a recent, clear photo, in light background, without glasses or hats. 6. The registry cost is \$40 per category. 7. Include copy of a photo ID issued by the state. 8. It is the responsibility of each applicant to know and be updated on the regulation for Puerto Rico. 	
VI. CERTIFICATION	
This application is submitted for the purpose of obtaining authorization for the activity described here. I certify that, to the best of my knowledge and belief, all information is correct, complete and accurate.	
_____ Applicant Signature	
OFFICIAL USE ONLY	
Checked By: _____ Agency Authorized Representative	Payment Ammount: \$ _____
Registration Number: ASB-_____	Application date: ____/____/____ (Month/ Day / Year)
Finance Division	
<input type="checkbox"/> Cash <input type="checkbox"/> Post Office Money Order <input type="checkbox"/> Corporate Check <input type="checkbox"/> Other Receipt# _____	
_____ Finance Division Receptor	Date : ____/____/____ (Month/ Day / Year)

