



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-2022-01

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

Initial \$ 40.00 Renewal \$ 40.00 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?: No Yes Name of State: _____

V. REQUIREMENTS

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 and show that the school is an authorized provider by the delegated state or by the EPA or 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: _____ Payment Ammount: \$ _____
 Agency Authorized Representative

Registration Number: ASB-_____ Application date: ____/____/____
 (Month/ Day / Year)

Finance Division

Cash Post Office Money Order Corporate Check Other Receipt# _____

 Finance Division Receptor Date : ____/____/____
 (Month/ Day / Year)