

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



# Asbestos Supervisor Certified Application

Please print in ink or type. Return the **notarized white copy only** to the L&I Asbestos Certification Program (address above). The application must complete or it will not be processed. You also must enclose a check or money order for \$65 payable to the Department of Labor & Industries.

**Initial Supervisor Certification** — You must wait for your official certified card to arrive before doing work that requires supervisor certification. The affidavit of experience will be validated prior to issuance of the certificate. Allow up to 8 weeks for processing and mailing.

**Supervisor Renewal Certification** — Your copy of this completed application is your temporary certification and is valid for six week from the successful completion of the course. You can do asbestos project work requiring certification as of the completion date of the course.

If you have not received your permanent certificate by the time this form expires (6 weeks from the date you complete the class), notify your training provider.

Refer to WAC 296-65-012 for asbestos worker certification requirements.

Last Name	First Name	Middle Initial
Date of Birth	Social Security # (Required by RCW 26.23.150)	
Mailing Address		Apt. #
City	State	Zip Code
Email Address	Home Phone Number	Work Phone Number
Have you been certified in Washington before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If certified under a different name, please list:	

**Sign in front of a notary public.**

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

Applicant's Signature	Date
Subscribed and sworn to before me this date	<b>Notary Seal or Stamp</b>
Notary public signature	
For the state of <b>WA</b>	
Residing at <b>Liberty Lake, WA</b>	
Title <b>Owner</b>	
My commission expires	

For Instructor Use Only			
Initial application must be received by the Department no later than 60 days after the completion date of the course. Renewal application must be received by the Department <b>before current certification expires.</b>			
Provider's Name <b>MICRIST Environmental</b>	Instructor's Name	Course Start Date	Course End Date
I certify that the above applicant has successfully completed a state-approved asbestos training course.			
<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Test Score:	%
Previous Certification #	Expiration Date	Today's Date	Instructor's Signature

For L&I Use Only	
Certification Number <b>ABAS</b>	
Transaction ID	Expiration Date

White — L&I Asbestos Program

Yellow — Instructor

Pink — Applicant