Please do not write in this space.	Bates #	Lic #
Approved ☐ Reason (If disapproved):	Check #	File #
Disapproved ☐		

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Division of Safety and Health
License and Certification
Harriman State Office Campus
Building 12, Room 161A
Albany, NY 12226

Application for an Asbestos Handling License

1. Type of license: ☐ Original ($500 fee) ☐ Renewal ($300 fee)

License Number (Renewal only): _____

2. Name of company or organization (Company name must be exactly as registered with NYS Department of State.):

3a. Federal Employment Identification Number:

__ __ __ __ __ __ __ __ __

3b. New York State Unemployment Insurance Employer Registration Number (E.R. No.):

____ ____ ____ ____ ____ ____ ____

4. Type of organization:
- ☐ Corporation
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Government
- ☐ Other (Specify) _____

5. Incorporation
a. Mo/Day/Year b. State

__ __ / __ __ / __ __ __ __

6. When did the company begin operations under its current name?

__ __ / __ __ / __ __ __ __

7a. Street address: City: State: Zip Code:

7b. Mailing address, if different:

8. Duly authorized representative:
a. Name of representative: _____

b. Social Security Number: ___ – ___ – ____

c. Job title - (circle one): Administrator, Assistant, Director, Manager, Officer, Supervisor, Other

d. Business telephone number: _____

e. Fax number: _____

f. Email address: _____

g. Business Mailing address of the duly authorized representative:

If "Government" is checked in item 4, Skip items 9 through 11.

9. List all owners, partners and shareholders who own **five percent or more** of the company and all officers and directors of the company (attach additional sheets if necessary).

Name	Home address (Street, City, State, Zip)	Soc. Sec. No.	Percent ownership	Role- (select one) Director, Officer, Owner Partner, Shareholder, Other

10. Is the company an affiliate of any other organization? Yes ☐ No ☐ If yes, list name(s) and address(es) of the organizations (attach additional sheets if necessary).

Company name	FEIN	Address (Street, City, State, Zip)

11. List all owners, partners and shareholders who own **ten percent or more** of any affiliates and all officers and directors of such affiliates (attach additional sheets if necessary).

Name	Home address (Street, City, State, Zip)	Soc. Sec. No.	Percent ownership	Role - (select one) Director, Officer, Owner Partner, Shareholder, Other

12. Check at least one of the types of asbestos work to be performed:
Note: If you check abatement, answer Question 13. If you don't, you must complete Question 14.

- ☐ Abatement
- ☐ Management Planning
- ☐ Project Design
- ☐ Monitoring
- ☐ Inspection
- ☐ Air Monitoring
- ☐ Other (please explain)

13. Designated Supervisor:
Name of Supervisor (if abatement is checked in question 12)

_____

Signature of Supervisor (No co-signs or stamps):

_____

Department of Labor Asbestos Certificate Number:

_____

Social Security Number:

_____ – _____ – _____ _____

14. Affirmation statement: If abatement is not checked in question 12, place an **X** in the box to affirm the following statement.

The firm's activities shall not include actual asbestos abatement operations during the period for which the license is valid.

☐ Affirmed

15. Firm History

You must answer either "Yes" or "No" to every question listed below. Provide details on a separate sheet.

Have you the applicant, your authorized representative, the firm, any affiliate, any predecessor company or entity, owner of 5% or more of the firm's shares, director, officer, partner or proprietor been subject to any of the following (New applicants must provide previous 5 years and renewal applicants must provide for time since last application.):

Yes	No	
☐	☐	A conviction of a crime?
☐	☐	A Notice of Violation and/or Order to Comply, an administrative hearing or proceeding, or a determination involving a violation of the New York State Labor Law or any rule or regulation issued under the Labor Law?
☐	☐	A citation, an administrative hearing or proceeding, or a determination involving a violation of Local Laws 70 and 76, and the asbestos control program rules and regulations enforced by the City of New York?
☐	☐	Any violation of the Asbestos Training regulations (10NYCRR73) of the New York State Department of Health?
		A violation of any federal, state or local
☐	☐	a. apprenticeship requirement?
☐	☐	b. health regulation or statute?
☐	☐	c. environmental regulation or statute?
☐	☐	d. education regulation or statute?
☐	☐	e. law or regulation governing pensions including Employee Retirement Income Security Act (ERISA)?
☐	☐	f. law or regulation governing payment of prevailing wages including the Davis-Bacon Act?
☐	☐	g. law or regulation governing wages and hours including the Fair Labor Standards Act (FLSA)?
☐	☐	A citation, administrative hearing or proceeding for violation of a federal Occupational Safety and Health Administrative (OSHA) standard?
☐	☐	A federal or state suspension or debarment?
☐	☐	A prevailing wage or supplement payment violation?
☐	☐	A nonrenewal, suspension or revocation of any business or professional license?
☐	☐	A failure to submit any quarterly payroll reports (Form NYS-45) or failure to pay any liabilities due to the New York State Unemployment Insurance Division.

16. Disability Insurance

Disability Insurance is required in NYS if the applicant is a "covered employer," i.e., if one or more of the applicant's employees is employed in NYS for a least 30 days in any calendar year; the 30 days need not be consecutive. Covered employees must submit a copy of the Certificate of Disability Insurance (form DB-120.1) or Certificate of Disability Self Insurance (form # DB-155). Non-covered employers must submit a Certificate of Attestation of Exemption (CE-200) issued by the Worker Compensation Board.

Check one of the following:

____I have disability insurance coverage. (Submit form DB-120.1 or DB-155.)

____I am exempt from disability insurance coverage. (Submit form CE-200.)

____This license is for a NYS government entity, or governmental subdivision within NYS, or a public school.

Acceptable forms of proof of Workers' Compensation Insurance

A) C-105.2: Certificate of Workers' Compensation Insurance
B) CE-200: Certificate of Attestation of Exemption
C) U-26.3: State Insurance Fund's version of C-105.2
D) SI-12: Certificate of Workers' Compensation Self-Insurance
E) GSI-12: Certificate of Group Workers' Compensation Self-Insurance
F) GSI-105.2: Certificate of Participation in Workers Compensation Group Self-Insurance

17. **Worker's Compensation Insurance**

You must provide proof that you have Workers' Compensation Insurance coverage or an exemption from such coverage (see list of acceptable forms in box at left). The New York State Department of Labor, License and Certification Unit, Building 12, Room 161A, State Campus, Albany, NY 12240 must be listed as a certificate holder. This certification may be obtained from the Workers' Compensation Board District Office nearest you.

If you need more information about insurance contact the Workers' Compensation Board, 180 Livingston Street, Brooklyn, NY 12248; (800) 877-1373, or www.wcb.state.ny.us.

Check one of the following:

___ I have worker compensation coverage and the compensation coverage is of the classification for the type of asbestos work to be conducted. (Submit form C-105.2, U-26.3, SI-12, GSI-12, or GSI-105.2.)

I currently have no worker compensation coverage because:

___ I have no employees and do not intend to hire employees. (Submit form CE-200.)

___ I have no employees at this time. (Submit CE-200.) When I do hire employees, I will obtain worker compensation coverage classified for the asbestos work conducted and submit an update with the proof of coverage.

___ This license is for a NYS government entity.

18. **Certification of Child Support Obligations (not required for corporations or government entities)**

Are you under an obligation to pay child support? If yes, complete items #1 - #4	Yes ☐	No ☐
1. I am making payments in accordance with a plan agreed upon by the parties.	Yes ☐	No ☐
2. I am four months or more behind in the payment of child support.	Yes ☐	No ☐
3. My child support obligation is the subject of a pending court proceeding	Yes ☐	No ☐
4. I am receiving public assistance or supplemental security income.	Yes ☐	No ☐

Note: Any additional partner(s) in a partnership must complete form GO 1 Certificate of Child Support Obligations. To obtain the form go to www.labor.ny.gov, type GO 1 in the search box then click on GO 1 Appendix to a License.

19. Applicant Statement

This statement must be signed by the contractor, or a representative of the contractor who is authorized to sign on behalf of the company or organization named in this application.

I understand that:

(a) This application is subject to verification and I agree to provide any additional documentation as required.

(b) Outside sources may be contacted to verify information contained in this application; and I give permission for the disclosure of any information which may be needed to process this license application.

(c) Failure to provide any of the requested or required information may result in rejection of this application.

(d) In order to complete this form, I must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application I am filing with the License and Certification Unit. Failure to provide this information may result in the inability to process my application. I also understand that by signing this I am granting permission to the Commissioner of Labor to provide access to my Unemployment Insurance (U.I.) benefit file.

(e) **I swear or affirm as true the following:**

(1) all persons employed by the applicant on any asbestos project whose duties involve the removal, encapsulation, enclosure, repair or disturbance of asbestos, or any handling of asbestos material that may result in the release of asbestos fiber or the supervision thereof, shall have valid asbestos handling certificates;

(2) the applicant will abide by all the rules and regulations promulgated pursuant to this article; and

(3) all the statements and information I have provided in this application are true to the best of my knowledge and belief.

False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the penal law.

Signature of the Contractor or Duly Authorized Representative (No cosigns or stamps):

_____

Title: _____Date:_____

Prepare this application and submit:

a. An original to the New York State Department of Labor, License and Certification Unit, State Office Campus, Building 12, Room 161A, Albany, NY 12240. Retain a copy for your records.
b. A non-refundable fee of $500 for an original or $300 for a renewal license in the form of a check or money order, made payable to the Commissioner of Labor.
c. A photocopy of the Supervisor certificate issued to the contractor or to the supervisor designated as the contractor's agent, listed in Box 13.
d. The required insurance certification.