Department for Environmental Protection Division for Air Quality	DEP-7034 Rev. 07-16				
Field Operations Branch, Field Support Section 300 Sower Blvd., 2nd Floor	DIVISION USE ONLY				
Frankfort, Kentucky 40601 (502) 564-3999	RECEIPT N	IUMBER:			
APPLICATION FOR ASBESTOS CERTIFICATION (CONTRACTORS OR FACILITIES)	CERTIFICATE NUMBER:				
The proper completion and return of this form is required for entity certification under 401 KAR 58:040. To be considered a complete application all requested information must be provided on this form, and the form must be signed by an authorized company officer, and accompanied by the required certification fee in the form of a <b>certified check or money</b> <b>order payable to</b> <u>Kentucky State Treasurer</u> . Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of certification.	RECEIVED	RECEIVED:			
Company Name:	Telephone: ( ) -				
Name of owner or Mr.   company official: Ms.					
Mailing Address:		City	State	Zip Code	
Total Fee for Initial Certification is \$500.00.   Total Fee for Certification Renewal is \$250.00.   No Fee for Certification Modification     (Includes \$100.00 filing fee)   (Includes \$50.00 filing fee)   No Fee for Certification Modification					
Fees for certification should <u>not</u> be combined in a single check with fees for other programs, such as accreditation.					
Asbestos Certification Initial	Re	enewal	Modification		
Desired:					
Copy of certificate, letter, or other proof, verifying completion of an EPA-approved training course and that a passing [70%] score was achieved on the accompanying test must be attached for all persons to be listed on the certificate.					
I hereby acknowledge that I have read and understand this application and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that I will be subject to the penalties for perjury for false statements contained in this application.					
Signature:					
Owner or Company Official		Date			