



LABOR SERVICES DIVISION
 1000 East Grand Avenue
 Des Moines, Iowa 50319-0209
<http://www.iowaworkforce.org/labor/asbestos.htm>

OFFICE USE ONLY	
NEW LICENSE NO.	_____
EXP. DATE	_____
CHECK /RECEIPT #	_____
WEEK/YEAR ENTERED	_____

Telephone 1-800-JOB-IOWA or (515) 281-6175

APPLICATION FOR IOWA ASBESTOS LICENSE
 309-2068 (09-09)

You may request **more than one** license on this application.

Check the box for each license requested.

Please Print Or Type Information

LICENSE(S) REQUESTED

Type of license for which you are applying.

- NEW
- RENEWAL

PRIOR IOWA ASBESTOS LICENSE NUMBER _____

PRIOR IOWA ASBESTOS LICENSE EXPIRATION DATE _____

MAKE CHECK PAYABLE TO IOWA DIVISION OF LABOR

- WORKER \$20.00
- CONTRACTOR/SUPERVISOR \$50.00
- PROJECT DESIGNER \$50.00
- INSPECTOR \$20.00
- MANAGEMENT PLANNER \$20.00

APPLICANT NAME (Last, First, Middle) AND OTHER NAMES USED _____

HOME ADDRESS - STREET _____ PO BOX _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ CELL OR HOME TELEPHONE NUMBER (INCLUDE AREA CODE) _____
 ()

CONTACT PERSON IF DIFFERENT THAN APPLICANT.

E-MAIL _____

NAME _____

FAX (INCLUDE AREA CODE) _____
 ()

TELEPHONE NUMBER (INCLUDE AREA CODE) _____
 ()

PLEASE COMPLETE BACK OF FORM IF LICENSE IS TO BE MAILED TO SOMEONE OTHER THAN APPLICANT.

INSTRUCTIONS: All applicants must include non-refundable license fees, copies of training certificates, and 2 (1" by 1") head and shoulder photographs. Applicants for Worker and Contractor/Supervisor licenses must also complete and return the original Respirator Fit Test and Physician's Certification forms. The Physician's Certification form must be notarized.

NOTICE: The Division of Labor Services may deny this application or revoke or suspend your license if you knowingly make false or fraudulent statements on this application or the attached documents. Criminal charges, forfeiture of your application fee, denial of future applications and a civil penalty of up to \$5,000 may also result from obtaining or attempting to obtain a license through deceptive or fraudulent means.

Iowa Code Sections 252J.8, 261.126 and 272D.8 require records of asbestos licenses be maintained by social security number. If you withhold your social security number, this application will be denied. Your social security number, name and address may be shared with other state agencies. If you are behind in payments to other agencies, this or future applications may be denied, or if you have a license it may be suspended or revoked.

CERTIFICATION AND AUTHORIZATION: I hereby certify the information I am submitting is true and valid and I am at least 18 years of age. I hereby authorize my physician to release to the Iowa Division of Labor Services information about the physical examination described in the attached Physician's Certification.

It may require up to 30 days to process your application.

Signature of Applicant

Signature of Applicant (Do not print or type)

DATE SIGNED



YOU MAY COPY THE APPLICATION FOR YOUR RECORDS. HOWEVER, PLEASE SEND THIS ORIGINAL BACK WITH YOUR SIGNATURE.

**STATE OF IOWA
RESPIRATOR FIT TEST**

**YOUR ASBESTOS WORKER OR CONTRACTOR / SUPERVISOR
LICENSE APPLICATION WILL NOT BE CONSIDERED
WITHOUT THIS FORM**

**(PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURE)
Division of Labor Telephone (515) 281- 6175**

I, _____, have fit tested _____
NAME

on the following respirator:

RESPIRATOR NAME: _____ RESPIRATOR MODEL NUMBER: _____

RESPIRATOR TYPE: _____ RESPIRATOR SIZE: _____

I AM FAMILIAR WITH THE OSHA PROCEDURES FOR FIT TESTS FOUND IN 29 CFR 1926.1101, APPENDIX C, AND FOLLOWED THOSE PROCEDURES IN PERFORMING THIS FIT TEST.

SIGNATURE OF PERSON PERFORMING TEST: _____ DATE TESTED _____

PLEASE PRINT:

NAME OF PERSON PERFORMING TEST: _____

ADDRESS: _____

—

TELEPHONE #: (_____) _____

Notice and instructions to applicant:

This form must be completed and returned with any application for Contractor/Supervisor or Worker Licenses.
A PHOTOCOPY WILL NOT BE ACCEPTED.

The accuracy of this document may be verified by the Division of Labor. Falsification of a signature or other attempts to fraudulently obtain an asbestos license may result in criminal charges, denial of your application, forfeiture of your application fee, denial of future applications for asbestos licenses, and a civil penalty of up to \$5,000.

STATE OF IOWA
PHYSICIAN'S CERTIFICATION

(PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES)

Physician's Name	Applicant's Name	Date of Birth
Clinic Name		
Clinic Address	Date of Exam	
Clinic Phone Number (Include Area Code)		
Clinic Fax Number		

I performed a physical examination of the Applicant listed above on the date indicated. I have read the mandatory OSHA guidelines for this physical in 29 C.F.R. 1910.134 and 1926.1101 and the examination I conducted was in accordance with the OSHA guidelines. The Applicant was informed of the results of the exam and of any medical conditions resulting from asbestos exposure which require further explanation or treatment; the Applicant was informed of the increased risk of lung cancer attributed to the combined effects of smoking and asbestos exposure; medical and work histories with special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems were completed; the appropriate questionnaire from CFR 1926.1101, Appendix D, was completed; I performed a physical examination of Applicant directed to the pulmonary and gastrointestinal systems and including tests of forced vital capacity and forced expiratory volume at one second; and, interpretation and classification of Applicant's chest was conducted in accordance with CFR 1926.1101, Appendix E. I have determined that the Applicant is capable of working while wearing a negative pressure respirator without restriction.

I am licensed by the state of _____ to perform physical examinations such as I performed on Applicant.

I swear and attest that I have read the above statement and it is true and accurate.

(Physician's Signature) _____

(Physician's License Number & Title) _____

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ Year ____
(Month)

Notary Public Signature

Notice and instructions to applicant:

This form must be completed and returned with any application for Contractor/Supervisor or Worker Licenses. **A PHOTOCOPY WILL NOT BE ACCEPTED.** The medical questionnaire from 29 CFR 1926.1101, Appendix D, is for the use of the physician and is not to be returned to the Division of Labor. The accuracy of this document may be verified by the Division of Labor. Falsification of a physician's signature or other attempts to fraudulently obtain an asbestos license may result in criminal charges, denial of your application, forfeiture of your application fee, denial of future applications for asbestos licenses, and a civil penalty of up to \$5,000.

**LICENSEE AUTHORIZATION
AND
PERMITEE ACKNOWLEDGMENT**

I, _____, hereby authorize the Division of Labor Services to mail
(Licensee name)
my Asbestos License to _____
(Permittee name)
at _____.
(Permittee address)

Licensee signature

Typed or printed licensee name

Date

I, _____, am duly authorized by _____
(Authorized signer) (Permittee name)
to sign this document and bind the company by this signature. The permittee hereby acknowledges his or her license will be given to the licensee named above immediately upon receipt of the license from the Division of Labor Services.

Authorized signature

Typed or printed name of signer

Title of signer

Date