



**IOWA WORKFORCE DEVELOPMENT  
LABOR SERVICES DIVISION  
1000 East Grand Avenue  
Des Moines, Iowa 50319-0209**

**Telephone (515) 281-3606 or (515) 281-6175  
309-6504 (10-06)**

**OFFICE USE ONLY**

CHECK #	_____		
NEW PERMIT NUMBER	_____		
ISSUE DATE	_____		
EXPIRATION DATE	_____		
OK TO ISSUE	Y	N	
DATE AND INITIALS	_____		
VIOLATIONS:	EPA	Y	N
	OSHA	Y	N
DEBTS:	OSHA	WAGE	CONTRACTOR

**APPLICATION FOR ASBESTOS PERMIT**

**NEW** Prior Permit Number \_\_\_\_\_

**RENEWAL** Expiration Date \_\_\_\_\_

**INSTRUCTIONS**

Complete all information requested below. Documents that must accompany this application are listed on the back.

**PLEASE PRINT OR TYPE INFORMATION**

\_\_\_\_\_  
BUSINESS NAME OTHER BUSINESS NAMES USED

\_\_\_\_\_  
ADDRESS PO BOX CITY STATE ZIP

\_\_\_\_\_  
BUSINESS TELEPHONE NUMBER BUSINESS FAX NUMBER E-MAIL

\_\_\_\_\_  
PERMIT CONTACT PERSON AND TELEPHONE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OF OWNER IF BUSINESS IS A SOLE PROPRIETORSHIP.

\_\_\_\_\_  
NAME AND ADDRESS OF AT LEAST ONE ASBESTOS DISPOSAL SITE THE BUSINESS ENTITY WILL USE.

\_\_\_\_\_  
NAME AND ADDRESS OF OTHER ASBESTOS COMPANY(S) OWNED OR OPERATED BY ANY OF THE PRINCIPALS IN YOUR COMPANY WITHIN THE PAST THREE YEARS.

\_\_\_\_\_  
NAME AND ADDRESS OF OTHER ASBESTOS COMPANY(S) OWNED OR OPERATED BY ANY OF THE PRINCIPALS IN YOUR COMPANY TODAY.

\_\_\_\_\_  
FORMER NAMES AND ADDRESSES OF YOUR COMPANY IF YOUR COMPANY'S NAME HAS CHANGED IN THE PAST FIVE YEARS.

\_\_\_\_\_  
IN WHAT OTHER STATE(S) HAS THE BUSINESS ENTITY PERFORMED ASBESTOS REMOVAL OR ENCAPSULATION IN THE PAST 5 YEARS?

TYPE OF BUSINESS: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP  
\_\_\_\_\_ OTHER

IOWA CONTRACTOR REGISTRATION NUMBER. \_\_\_\_\_

**NOTICE:**

The Division of Labor Services may deny this application or revoke or suspend your permit 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 permit through deceptive or fraudulent means.

Iowa Code sections 252J.8 and 261.126 require that records of sole proprietors' permits be maintained by social security number. If a sole proprietor fails to provide a social security number, this application will be denied. Social security numbers may be shared with the Child Support Recovery Unit and the College Student Aid Commission for use in collection of debts. If you are behind in payments, this or future applications may be denied, or if you have a permit it may be suspended or revoked. Your social security number may also be shared with other governmental agencies.

**MANDATORY ATTACHMENTS:**

1. Respiratory protection program as described at 29 CFR 1926.1101(h) and 29 CFR 1910.134 as applicable.
2. Procedures for air sampling and personal monitoring.
3. Medical surveillance policy, procedures, manual, or program.
4. Blank ten-day notice form the business entity will use.
5. Copies of all citations, violations and penalties levied against the business entity within the past ten years by any federal, state or local government agency for violations related to asbestos activities. Provide names and locations of the activities, dates, and a description of how the allegations were resolved.
6. Describe all legal proceedings, lawsuits or claims, whether civil or criminal, which have been filed or levied against the business entity or any principals relating to asbestos activities within the past 10 years.
7. Non-refundable \$500 processing fee.

**CERTIFICATION AND AUTHORIZATION:**

I hereby certify the information I am submitting is accurate, complete, and valid; each employee or agent of my business who will come into contact with asbestos or will be responsible for an asbestos project will first be licensed by the Iowa Division of Labor Services for the particular activity performed; and the business entity will comply with all applicable federal or state standards for removal or encapsulation of asbestos.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(TYPE OR PRINT)

SIGNATURE OF  
CHIEF EXECUTIVE OFFICER OR DESIGNEE \_\_\_\_\_  
(DO NOT PRINT OR TYPE)