

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

WE ARE YOUR DOL



www.labor.ny.gov
license&certificate@labor.ny.gov

Please do not write in this space

Bates # Lic. #
Check # Exp. Date:

Asbestos Handling Certificate Application

Apply Online: You can apply for this license online using the Management System for Protecting Workers' Rights (MPWR). This system speeds up the application process and makes information about applications readily available. Using MPWR, an applicant can:

- Submit their information, upload the required documentation, and pay online in one easy location.
- Receive real-time updates about their application.
- Select their preferred language.

To apply online, go to <https://dol.ny.gov/mpwr> and log in with your *personal NY.gov* account. If this is your first time applying online, click on "New Request," select "Asbestos," and click "Next." If you do not have a personal NY.gov account, select the option to "Create Account." If you experience problems creating your NY.gov account, or if you are unable to sign in to your NY.gov account, please call 1-800-833-3000 for assistance.

Apply on Paper: Use this paper form to apply for your Asbestos Certificate. The authority to collect this information is found in the New York State (NYS) Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health, License and Certificate Unit. Failure to provide this information may result in our inability to process your application.

Applicant Information

New Renewal

NYS DMV license or ID number: _____ Date of birth: _____

First name: _____ Middle initial: _____ Last name: _____

Primary phone number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

DOH 2832 Certificate number(s): _____

Asbestos Certification Requested

Check the box or boxes of each type of certificate for which you are submitting separate training documentation.

- | | | |
|--|---|---|
| <input type="checkbox"/> A Asbestos Handler \$50 | <input type="checkbox"/> D Inspector \$100 | <input type="checkbox"/> G Supervisor \$ 75 |
| <input type="checkbox"/> B Restricted Allied Trades \$50 | <input type="checkbox"/> E Management Planner \$150 | <input type="checkbox"/> H Project Monitor \$150 |
| <input type="checkbox"/> C Air Sampling Technician \$75 | <input type="checkbox"/> F Operations & Maintenance \$ 50 | <input type="checkbox"/> I Project Designer \$150 |

Child Support Certification

Are you under an obligation to pay child support? Yes No

If yes, complete items 1 - 4.

- | | | |
|---|------------------------------|-----------------------------|
| 1. I am making payments in accordance with a plan agreed upon by the parties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I am four months or more behind in the payment of child support. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. My child support obligation is the subject of a pending court proceeding. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I am receiving public assistance or supplemental security income. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional, and/or driver licenses.

Acknowledgement

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I agree to provide any additional documentation requested by the department.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo .
 - I understand my DMV photo will be used for all future license and certificate ID cards.
 - I understand the DOL will send my ID card to the mailing address given above.

Applicant's signature: _____ Date: _____

Print name: _____

Do not write in the area below. For office use only

Approved Disproved Reason: _____

Date: _____

A	A	B	C	D	E	F	G	H	I
E	A	B	C	D	E	F	G	H	I

Expires date: _____ By: _____

Instructions on How to Submit This Application

Online Application: To apply or renew online, go to <https://dol.ny.gov/mpwr> and log in with your *personal NY.gov* account. If this is your first time applying online, click on “New Request,” then “Asbestos” and then click “Next.” If you do not have a personal NY.gov account, select the option to “Create Account.” If you experience problems creating your NY.gov account, or if you are unable to sign in to your NY.gov account, please call 1-800-833-3000 for assistance.

Paper Application: To apply using the paper form, please complete and sign this form with black ink. Please type or print clearly.

Fee: You must include the appropriate fee with your application. Make your check or money order payable to: “Commissioner of Labor.” Do not send cash. The Department of Labor issues nine types of asbestos certificates. An applicant who meets the qualifications and submits the fee required for each certificate may hold more than one type of asbestos certificate. While the Department issues a single certificate to an individual, that certificate includes codes to show what type(s) of certification the person holds.

<u>Code</u>	<u>Category</u>	<u>Fee Due</u>
A	Asbestos Handler	\$50
B	Restricted Allied Trades	\$50
C	Air Sample Technician	\$75
D	Inspector	\$100
E	Management Planner	\$150
F	Operations and Maintenance	\$50
G	Supervisor	\$75
H	Project Monitor	\$150
I	Project Designer	\$150

Required Documents: You will need to provide proof of training. The Department of Labor will accept one of the following:

1. The *Certificate of Asbestos Safety Training* (DOH-2832) marked “Department of Labor,” issued by a Department of Health approved school or course provider.
2. Approved equivalency training as determined by the New York State Department of Health.

Visit the New York State Department of Health’s website at <https://www.health.ny.gov/> for a list of accredited training providers.

Send to: Mail the original, signed application to the:

New York State Department of Labor
Division of Safety and Health,
License and Certificate Unit
State Office Campus, Building 12, Room 161A
Albany, NY 12226.

(Keep a copy for your records)