



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
**ASBESTOS OCCUPATION CERTIFICATION APPLICATION**

FOR APCP USE ONLY	
DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

**GENERAL INSTRUCTIONS**

Individuals desiring certification to engage in asbestos work in Missouri must provide all of the information requested in this application, submit the required documentation, and submit the required fee(s) to the department. Please note the Missouri State Asbestos Examination fee, which, if applicable, must also be included per application. Please submit a separate application form and the appropriate fees for each occupation in which you desire to be certified. An individual will be certified by the Director when all fees and all information requested in this form have been submitted and reviewed and the individual receives their certificate and laminated identification card from the Director. Failure to submit all required documentation will delay certification. Certification expires one year from its effective date unless it is renewed annually. (Air Sampling Professional certificates do not expire and do not need to be renewed.)

Certification will be based upon the following: 1) completion of this application; 2) submission of a copy of the individual's training course certificate(s) stating successful completion of the required training in accordance with Missouri Air Conservation Law, Chapter 643 RSMo and Missouri state asbestos regulation 10 CSR 10-6.250; 3) proof of scoring at least 70% on the final course examination; 4) proof of scoring at least 70% on the Missouri State Asbestos Examination; 5) payment of the certification fee and Missouri State Asbestos Examination Fee; 6) compliance history; 7) submission of two (2) recent passport-size color photographs of the applicant's face without a hat or sunglasses (computer generated or photocopied photographs are not acceptable).

**The completed application form(s), training certificate(s), photographs, supplemental information and fee(s) shall be mailed to the following address:**  
 MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
 P.O. Box 176  
 Jefferson City, Missouri 65102

**PART A AUTHENTICATION**

1. NAME OF APPLICANT (LAST NAME, FIRST NAME, MI)		2. SOCIAL SECURITY NUMBER	
3. HOME ADDRESS (STREET/APARTMENT)			
CITY		STATE	ZIP
4. TELEPHONE NUMBER		5. ARE YOU AN AIR SAMPLING TECHNICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. PRESENT EMPLOYER			
7. EMPLOYER'S ADDRESS			
CITY		STATE	ZIP
8. EMPLOYER'S TELEPHONE NUMBER		9. PLEASE INDICATE CONTACT INFORMATION <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> EMPLOYER ADDRESS NOTE: The address indicated will be used to contact you with regard to your certification, to mail your certificate and laminated identification card, and as a contact address on the APCP weblists.	
10. ARE YOU CERTIFIED IN OTHER STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list state(s):			

11. TYPE OF CERTIFICATION DESIRED (CHECK ONLY ONE PER APPLICATION):

Occupation	Application Fee	Missouri Exam Fee (If applicable)*
<input type="checkbox"/> Worker	\$25	\$25
<input type="checkbox"/> Supervisor	\$75	\$25
<input type="checkbox"/> Project Designer	\$75	\$25
<input type="checkbox"/> Inspector	\$75	\$25
<input type="checkbox"/> Management Planner	\$75	\$25
<input type="checkbox"/> Air Sampling Professional	\$75	N/A

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\*The Missouri State Asbestos Exam is only required to be taken by individuals seeking certification when there are significant changes to the Missouri asbestos statutes or regulations. This test is in addition to the course specific test. If you are required to take the Missouri State Asbestos Exam you must submit the twenty-five dollar (\$25.00) fee. If you are not required to take the Missouri State Asbestos Exam, do not submit this fee. Failure to submit the correct fees will delay the processing of your application.

12. I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with chapter 643 RSMo, 10 CSR 10-6.080, 10 CSR 10-6.241, and 10 CSR 10-6.250.

SIGNATURE OF APPLICANT	DATE
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## PART B TRAINING INFORMATION

### NOTE➤

**Photograph Requirements: Please submit two (2) recent passport-size color photographs of your face without a hat or sunglasses (computer generated or photocopied photographs are not acceptable) per application.**

Attach the training certificate(s) and supplemental information as required by Chapter 643 RSMo and Missouri asbestos regulation 10 CSR 10-6.250 listed under the occupation for which you are applying:

#### WORKER:

- Initial Worker training certificate from a Missouri Accredited Training Provider. \*

#### SUPERVISOR:

- Initial Supervisor training certificate from a Missouri Accredited Training Provider. \*
- Letter from employer verifying at least one year experience in asbestos abatement or general construction.

#### INSPECTOR:

- Initial Inspector training certificate from a Missouri Accredited Training Provider. \*
- Proof of High School diploma or equivalent. \*\*

#### MANAGEMENT PLANNER:

- Initial Management Planner training certificate from a Missouri Accredited Training Provider. \*
- Current Missouri inspector certificate.
- Proof of High School diploma or equivalent. \*\*

#### PROJECT DESIGNER (Provide supplemental information requested in Group A or B):

- A.  Initial Project Designer training certificate from a Missouri Accredited Training Provider. \*
- Proof of B.S. in Engineering, or Industrial Hygiene. (Provide college transcripts with address and phone number of college.)
- A self-certifying letter of working knowledge of Heating, Ventilation and Air Conditioning (HVAC) systems.
- OR
- B.  Initial Project Designer training certificate from a Missouri Accredited Training Provider. \*
- Proof of High School Diploma or equivalent. \*\*
- Letter from employer verifying at least 4 years HVAC experience.

#### AIR SAMPLING PROFESSIONAL (Please provide one of the following):

- Proof of B.S. in Industrial Hygiene and a letter verifying one year field experience (Provide a copy of diploma and certified copy of college transcript.); OR
- Proof of an M.S. in Industrial Hygiene (Provide a copy of diploma and certified copy of college transcript.); OR
- Proof of certification as an Industrial Hygienist from the American Board of Industrial Hygiene; OR
- Proof of three years practical Industrial Hygiene field experience including significant asbestos air monitoring and completion of a 40-hour asbestos course (NIOSH 582 or equivalent) that includes air-monitoring instruction. At least 50% of the three-year period must have been on projects in which a degree or certified Industrial Hygienist or Missouri-certified Air Sampling Professional was involved. The individual must provide to the department written reference by the industrial hygienist or the asbestos air sampling professional stating the individual's performance of monitoring was acceptable and that the individual is capable of fulfilling the responsibilities associated with certification as an asbestos air sampling professional. The individual must also provide documentation of experience and a copy of the asbestos course certificate; OR
- Proof of other qualifications including, but not limited to, an American Board of Industrial Hygienist accepted degree or a health/safety-related degree combined with related experience. A notarized copy of diploma and/or certification is required along with letters to verify experience. (The type of degree considered eligible is subject to approval by the Director of the Missouri Air Pollution Control Program.)

\*If initial training certificate is not current then a copy of all refresher certificates, the most recent of which must be from a Missouri Accredited Training Provider, must be submitted. For individuals licensed in other states, they may submit a copy of their out of state license and a current training refresher certificate from a Missouri Accredited Training Provider to meet this requirement.

\*\*Acceptable proof of a high school diploma includes a copy of high school diploma or GED, a copy of college diploma, or copy of high school or college transcripts.

**PART C SUPPLEMENTAL INFORMATION**

Complete a separate form for each specialty area.

SPECIALTY AREA

PART LETTER

SUBPART NUMBER