

Iowa Division of Labor

Asbestos Abatement

1000 East Grand Avenue

Des Moines, IA 50319

Phone: 515-281-6175

Fax: 515-725-2427

Email: asbestos@iwd.iowa.gov

www.iowadivisionoflabor.gov/asbestos-abatement

FOR OFFICE USE ONLY

License #: _____

Expiration date: _____

Check #: _____

Date entered: _____

Asbestos License Application

New Renewal Replacement Previous Asbestos License #: _____

Instructions: Applicants must include non-refundable license fees payable to the Iowa Division of Labor and copies of training certificates. Email a head-and-shoulder picture of applicant to: asbestos@iwd.iowa.gov. Applicants for worker and contractor/supervisor license must also complete and return the original Respirator Fit Test and original notarized Physician's Certification forms.

License Type (more than one may be requested):

Worker - \$20.00

Inspector - \$20.00

Contractor/Supervisor - \$50.00

Project Designer - \$50.00

Management Planner - \$20.00

Replacement Card - \$10.00

Full applicant name		Date of birth	Social security #	
Address		City	State	Zip
Phone number	Email	Contact person if different than applicant		Phone number

Notice: The Iowa Division of Labor may deny this application, or revoke or suspend your license if you knowingly make a false or fraudulent statement 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 \$5,000.00 may also result from obtaining or attempting to obtain a license through deceptive or fraudulent means.

Iowa Code Chapters 252J, 261 and 272D require records of asbestos licenses to 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. 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 information about the physical examination described in the attached Physician's Certification, if applicable.

Mail the license to my address above (do not complete the box below)

Mail the license to someone other than myself (complete the box below)

Applicant Signature

Date

Complete bottom portion ONLY if license is to be mailed to someone other than licensee

Permittee Acknowledgement

Company name	Your name	Title	Phone number	
Address		City	State	Zip

The permittee agrees to promptly deliver the license to the licensee.

Authorized Signature

Date