



For Official Use Only
Date Received: _____
Rec. Number: _____
Comments: _____
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## Form for Asbestos Entity Registration (Consultants & Contractors)

Please print or type responses in black or blue ink

Name of Business Owner: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of operations manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please attach documentation of the following:

- A list of employees including name, certification numbers and expiration dates.
- For abatement contractors, a copy of the current C-19 license from the Department of Commerce and Consumer Affairs (DCCA).
- The annual registration fee for abatement contractors is \$200.00. Please make checks payable to **STATE DEPARTMENT OF HEALTH.**

Please list all employees who perform asbestos work:

Employee's Name	State of Hawaii Certification #	Expiration date

*Please attach additional sheets of paper if needed*

Please sign and print your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this registration, including any attachments, is true and accurate to the best of my belief and knowledge. I also attest and affirm that the firm will comply with all medical monitoring and respiratory protection requirements, maintain certification(s) of workers according to Hawaii Administrative Rules §11-504-4, follow work practice standards according to §11-501, and conduct asbestos activities only in those fields in which workers have received certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Printed Name and Title