Nevada Department of Business and Industry Division of Industrial Relations Occupational Safety and Health Administration

Southern District Office

2300 W. Sahara Avenue, Suite 300 Las Vegas, NV 89102 Phone: (702) 486-9020 Fax: (702) 990-0360

Northern District Office

4600 Kietzke Lane Building F, Suite 153 Reno, NV 89502 Phone: (775) 688-3700 Fax: (775) 688-1378

DO NOT WRITE IN THIS SPACE
FOR SECTION USE ONLY:

License No: _____

Expiration Date: _____

APPLICATION FOR RENEWAL OF ASBESTOS ABATEMENT CONSULTANT LICENSE

PLEASE PRINT OR TYPE

1.	Name of Applicant:			
	Date of Birth:	_ Social Security No:		
	Home Mailing Address:			
	Street/Apt. or PO Box:			
	City:	_ State:	Zip:	
	Area Code & Phone Number:			
2.	Current Consultant License No:	Expiration Date:		
3.	Name of Current Employer:			
	Employer Address:			
	City:	_ State:	Zip:	
	Telephone No:	_ Fax No:		
4.	TYPES OF ACCREDITATION: (Check each accreditation you a	•	Abatement Project Monitor	
5.	Proof of Training: <u>INCLUDE</u> a copy of certification of <u>current</u> application.	Refresher Training f	or each accreditation with this	
6.	License Fees: <u>INCLUDE</u> a license fee of <u>\$100.00</u> , by check or money order made payable to <u>DIVISION OF</u> INDUSTRIAL RELATIONS.			
7.	Read and sign the following statement:			

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 all requirements applicable under the Nevada Asbestos Abatement Control Act and Department Regulations.

MANDATORY REQUIREMENT FOR LICENSING

Federal Welfare Reform as implemented by the 1997 Session of the Legislature by SB 356 requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewals. Please answer the following questions in order for your application to be processed.

CHILD SUPPORT INFORMATION

Please mark appropriate response (failure to mark <u>one</u> of the three options will result in denial of the application).

□ I am <u>not</u> subject to a court order for the support of a child.

 \Box I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant the order; **or**

□ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

Applicant's Social Security Number:

Signature of Applicant

Date

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENCE Pursuant to NRS 335C.1965 All applicants <u>MUST</u> complete this section. Please select <u>ONE</u> option.

I have a Nevada Business License number assigned by the Nevada Secretary of State upon compliance
with the provisions of NRS Chapter 76.

My Nevada Business License number is: _____

□ I have applied for a Nevada Business License with the Nevada Secretary of State upon compliance with the provision pf NRS Chapter 76 and my application is pending.

I do **not** have a Nevada Business License number.

The Nevada Occupational Safety and Health Administration is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada Business License can be found on the Secretary of State's website at http:// nvsos.gov/.