

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

Southern District Office
2300 W. Sahara Avenue,
Suite 500
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 are renewing.)

Inspector Management Planner Abatement Project Designer Abatement Project Monitor

5. **Proof of Training:** INCLUDE a copy of certification of current Refresher Training for each accreditation with this application.

6. **License Fees:** INCLUDE a license fee of \$100.00, by check or money order made payable to DIVISION OF 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.

Signature of Applicant

Date

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 **one** of the three options will result in denial of the application).

- I am **not** subject to a court order for the support of a child.
- 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 MUST complete this section. Please select ONE 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/](http://nvsos.gov/).