

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: _____
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**APPLICATION FOR ASBESTOS ABATEMENT WORKER LICENSE**

**PLEASE PRINT OR TYPE**

- Name of Applicant:** \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
  
**Home Mailing Address:**  
  
Street/Apt. or PO Box: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Area Code & Phone Number: \_\_\_\_\_
- Name of Current Employer:** \_\_\_\_\_  
  
Employer Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Proof of Training:** INCLUDE a copy of certification of successful completion of a **4-day, EPA approved Initial Training Course** for asbestos abatement worker AND a copy of certification of current Refresher Training if the Initial Training has expired.
- Identification:** INCLUDE a copy of your current driver's license or passport.
- License Fees:** INCLUDE a license fee of \$25.00, by check or money order made payable to **DIVISION OF INDUSTRIAL RELATIONS.**
- 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

OSHA Form ACP-3b

## 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:

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Signature of Applicant

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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/).