

Iowa Department of Inspections, Appeals & Licensing

Asbestos Abatement

6200 Park Ave., Suite 100

Des Moines, IA 50321

Phone: 515-281-6175

asbestos@iwd.iowa.gov asbestos.iowa.gov

FOR OFFICE USE ONLY

Date: _____ Initials: _____ Issued: Yes No

New Permit #: _____ Issued date: _____

Exp. Date: _____ Check #: _____

Violations: OSHA EPA

Debts: OSHA Wage Contractor

Application for Asbestos Permit

New **Renewal** **Replacement** **Previous Asbestos Permit #:** _____ **Expiration Date:** _____

Business name			Contractor registration #	
Address		City	State	Zip
Business type: Sole Proprietor: Social Security number required _____ Partnership Corporation Other: _____				
Phone number		Mobile number	Fax number	
Contact name		Phone number	Email Address	
Name of disposal site that will be used				
Address		City	State	Zip
Name and address of other asbestos business owned or operated by any Principals in your company currently or within the past three years				
Former business name and address if changed within the past five years				
Other states where the business has performed asbestos removal or encapsulation in the past five years				

1. Respiratory protection program as described in 29 CFR 1926.1101(h) and 1910.134 as applicable.
2. Procedures for air sampling and personal monitoring.
3. Medical Surveillance policy, procedures, manual or program.
4. Blank ten-day notice form the business will use.
5. Copies of all citations, violations and penalties levied against the business within the past ten years by any federal, state or local government agency for violations related to asbestos activity. Provide name and locations of the activity, date and a description of how the allegations were resolved.
6. Describe any civil or criminal legal proceeding, lawsuit or claim, which has been filed or levied against the business or any principals relating to asbestos activity within the past ten years.
7. Non-refundable \$500.00 processing fee. Make check or money order payable to: Iowa Division of Labor

I certify that the information on this form and the attachments is true and accurate to the best of my knowledge; each employee or agent of my business who will come into contact with asbestos or will be responsible for an asbestos project will first be licensed by the Iowa Division of Labor for the particular activity performed; and the business will comply with all applicable standards for removal or encapsulation of asbestos.

Signature of Chief Executive Officer or Designee Printed name Date

Notice

The Division of Labor may deny this application, or revoke or suspend your permit if you knowingly make false or fraudulent statements on this application or the attachments. Criminal charges, forfeiture of your application fee, denial of future applications and a civil penalty up to \$5,000.00 may result from obtaining or attempting to obtain a permit through deceptive or fraudulent means.

Iowa Code sections 252J.8 and 272D.8 require that records of sole proprietors' permits be maintained by social security number. If a sole proprietor fails to provide a valid social security number, this application will be denied. Your social security number may also be shared with other governmental agencies.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.