

# INSTRUCTIONS

## PURPOSE

Application for Mississippi Certification shall be submitted in order to receive a Mississippi certification number for management planner, project designer, supervisor, inspector, air monitor, and worker per Rule 10, the Regulations for the Accreditation and Certification of Asbestos Abatement Personnel.

## PREPARATION

All information is to be completed by applicant and must be filled out completely, typed or printed in ink. Pencil is not acceptable.

## INSTRUCTIONS

Select certification type (Initial or Re-certification) and discipline applying for **(one discipline per application)**. Enter the requested information for the individual in Section 2 and for the employer in section 3. The telephone number should be complete with area code. Enter your date of birth (month/day/year), sex (male/female), phone number and email address (if available).

Indicate the level of education received. Refer to the requirements below for the verifying documents needed for this application.

Read the affidavit carefully. If a forged certificate or any misinformation is found to exist, the individual may be subject to revocation of certification. The application shall be signed and dated by you, the applicant.

## EDUCATION REQUIREMENTS

Per Rule 10.9 of the Regulations for the Accreditation and Certification of Asbestos Abatement Personnel, an applicant for certification shall have successfully completed an accredited initial training course for the specific category within 12 months of the date of application.

### **\*Send copy of most recent valid training certificate.\***

A **Project Designer** shall have successfully completed an accredited training course for project designers and shall:

- (a) Have a Bachelor of Science degree in engineering or its equivalent from an accredited university and a current, valid license by the Mississippi Board of Registration for Professional Engineers and Land Surveyors as a registered professional engineer, or
- (b) Have a Bachelor of Science degree in architecture or its equivalent from an accredited university and a current, valid license as an architect by the Mississippi Board of Architecture, or
- (c) Have continuously current training (From 4/1/1990 to present).

A **Management Planner** shall have successfully completed an accredited training course for inspectors and an accredited training course for management planners and shall:

- (a) Have a Bachelor of Science degree in engineering or its equivalent from an accredited university and a current, valid license by the Mississippi Board of Registration for Professional Engineers and Land Surveyors as a registered professional engineer, or
- (b) Have a Bachelor of Science degree in architecture or its equivalent from an accredited university and a current, valid license as an architect by the Mississippi Board of Architecture, or
- (c) Have continuously current training (From 4/1/1990 to present).

A **Supervisor** shall have successfully completed an accredited training program for supervisors and shall have a high school diploma or its equivalent.

An **Inspector** shall have successfully completed an accredited training course for inspectors and shall have a high school diploma or its equivalent.

An **Air Monitor** shall have successfully completed an accredited training course for supervisors and shall:

- (a) Satisfactorily complete a commission-approved training course for collecting and evaluating air samples. Successful completion of the National Institute for Occupational Safety & Health (NIOSH) 582 course shall be sufficient to meet this requirement, and
- (b) Have a high school diploma or its equivalent.

A **Worker** shall have successfully completed an accredited program for workers and shall submit a written certificate, on a form provided by the Commission, by a licensed physician in accordance with State Law approving the worker applicant to work on an asbestos project, which must be submitted to the Commission with the worker applicant's application for an initial certificate. Such certificate must accompany the worker applicant's application for a renewal certificate only every three years thereafter. A chest x ray is not required for either the initial or any renewal application. (See attached "Physician's Statement" form.)

## **REQUIRED SUPPORTING DOCUMENTATION**

Confirmation of training shall be in the form of a valid copy of an original certificate of completion of the accredited training course bearing the training provider's official seal, or an original letter from the training provider confirming completion of the course on the training provider's letterhead, or an original letter from the training provider listing names of persons who have successfully completed the training course, with the applicant's name included.

If requesting initial certification in Mississippi after completion of refresher course(s), a valid copy verification of successful completion of the initial training course as well as all refresher courses is required.

When a high school diploma, Associate's Degree, or Bachelor's Degree is required, attach a copy of the diploma or other written documentation from the educational institution.

When registration as a professional engineer or licensed architect is required, attach a copy of the registration certificate.

Enclose check or money order in the correct amount depending on certification requested. Make check or money order payable to Mississippi Department of Environmental Quality (please note 'ASBESTOS' on your check or money order). **DO NOT SEND CASH.**

**To request initial certification, enclose a photo copy of a valid picture ID such as a driver's license, state identification card, etc.**

**Mississippi Department of Environmental Quality  
Accounts Receivable/Fees  
P.O. Box 2339  
Jackson, Mississippi 39225**

**For Overnight/Express Mail:  
Mississippi Department of Environmental Quality  
Accounts Receivable/Fees  
700 North State Street  
Jackson, Mississippi 39202**

All applications hand delivered to the street address listed above will NOT be processed same day. Applicants may schedule an appointment in advance, prior to delivery, by calling (601) 961-5171.

# “PHYSICIAN’S STATEMENT”

## Addendum to the Application for Certification as an Asbestos Worker.

### Instructions to the applicant:

1. Complete the administrative information below exactly as completed on your application.
2. Present this form to your examining physician for completion of the physician statement portion.
3. Attach this entire form with the physician’s original signature to your application.

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number (last four digits): \_\_\_\_\_ XXX-XX-

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### Instructions to the examining physician:

1. Complete the physician’s statement below.
2. Return this entire form with your original signature to the applicant for attachment to his application.
3. Date - Will be the date the physical was taken on the applicant.

### PHYSICIAN’S STATEMENT:

Based on my evaluation of the current health of the above-named individual, I hereby approve him/her to work on asbestos projects. I certify that I am currently licensed to practice medicine.

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Typed Name Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Physical

\_\_\_\_\_  
City, State, Zip Code

# Mississippi Department of Environmental Quality

## Asbestos Certification/Re-certification Application for Individuals

<b>1. Type of Certification and Fees</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification					
Check the box for the type of certification for which you are applying. For explanation regarding the training and education requirements associated with each individual discipline, please refer to Rule 10.8 and 10.9 of the Regulations for the Accreditation and Certification of Asbestos Abatement Personnel, or the certification requirement information attached.					
a <input type="checkbox"/> Project Designer      \$200		b <input type="checkbox"/> Management Planner      \$200		c <input type="checkbox"/> Supervisor      \$250	
d <input type="checkbox"/> Inspector      \$200		e <input type="checkbox"/> Air Monitor      \$250		f <input type="checkbox"/> Worker*      \$35	
*NOTE: The Worker certification requires a "Physician's Statement" form every three (3) years. (See attached)					
<b>2. Application Information</b>					
Date of Application			Social Security Number (Last four digits)      xxx-xx-_____		
Last Name			First Name		MI
Applicant Street Address					
City			State		Zip
Date of Birth		Sex	Phone Number		E-mail
<b>3. Employer Information</b>					
Company Name					
Company Address					
City		State		Zip	
Phone Number			Email		
<b>4. Education Information</b>					
Refer to the certification requirement information enclosed for education requirements specific to the discipline for which you are applying. Complete all applicable information below.					
Circle last grade of school completed      7      8      9      10      11      12      GED      College      Graduate School					
<b>Professional Registration</b> (Required for Management Planner and Project Designer)					
<input type="checkbox"/> Professional Engineer <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Continuously current training (From 4/1/1990 to present)					
State in which Registered/Licensed _____ Registration/License Number _____					
<b>5. Affidavit</b>					
I certify that the information contained herein and attached hereto is true and complete.					
_____ Printed Name of Applicant			_____ Current Certification Number if Re-certifying		
_____ Signature of Applicant			_____ Date of Application		