Instructions for the Completion of an Asbestos Certification / Re-certification Application Packet

PURPOSE

In accordance with the Mississippi Department of Environmental Quality (MDEQ) Air Regulation – "*Regulations for the Accreditation and Certification of Asbestos Abatement Personnel*", any person that wishes to engage in an asbestos project as a "Management Planner", "Project Designer", "Supervisor", "Inspector", "Air Monitor", and/or "Worker" in the State of Mississippi must receive and/or renew certification for such discipline from MDEQ.

APPLICATION PREPARATION

1) An applicant is required to complete Sections 1, 2, 4, and 5 in full (either typed or printed in ink). The completion of Section 3 is required only if the applicant is directly employed by a company.
2) An applicant must select the certification type ("Initial" or "Re-certification") and the discipline(s) that apply.
3) An applicant is required to indicate the highest level of education that has been completed. Refer to the "Educational Requirements" section to determine the required supporting documents for the discipline(s).
4) It is highly recommended that the applicant carefully read the affidavit in Section 5. If MDEQ determines that an application packet contains any misinformation (a forged training certificate, false personal information, etc.), MDEQ has the discretion to deny an application and/or revoke an applicant's existing certification (if applicable). The application must be dated and signed by the applicant.

REQUIRED SUPPORTING DOCUMENTS

1) The confirmation of training shall be in the form of a copy of the certificate of completion from 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 (with the applicant's name include) who have successfully completed the training course.
2) For an applicant requesting an initial certification (regardless of the discipline), the applicant must enclose a photocopy of a valid picture I.D. (e.g., a driver's license, state identification card, passport, etc.).
3) For any applicant requesting an initial certification after the completion of refresher course(s), the applicant must provide a copy of all documents that verify completion of the initial training course as well as all refresher courses.
4) If a high school diploma, associate's degree, or bachelor's degree is required for a discipline (please see the "Educational Requirements" section), the applicant must include a copy of the diploma or other written documentation from the educational institution.
5) If licensure as a professional engineer or architect is required for a discipline (please see the "Educational Requirements" section), the applicant must provide a copy of the valid license.
6) For any applicant requesting an initial certification for the "Worker" discipline, the applicant must include either the attached "Physician's Statement Form" or another equivalent statement form

completed by a physician that is licensed in accordance with applicable State Law. A chest x-ray is not required for initial certification.

7) For any applicant requesting a renewal certification for the "Worker" discipline, the applicant may use a previously completed "Physician's Statement Form" (or its equivalent) only if it was completed within the last three (3) years from the time of the application.

PROHIBITIONS

Please **DO NOT** include personal sensitive identifiable information (e.g., a full Social Security number) or banking information (e.g., a routing number or bank account number) in an application packet.

Please **DO NOT** include the "original version" of any document (e.g., training certifications) with a submitted application packet. MDEQ will accept copies of an original document.

EDUCATIONAL REQUIREMENTS

Any applicant seeking certification must complete an accredited training course for the specific discipline within twelve (12) months of the date of the application.

1) A "**Project Designer**" shall have successfully completed an MDEQ-approved training course for the "project designer" discipline and shall:

   (a) Have a Bachelor of Science degree in engineering or its equivalent from an accredited university and a current, valid license 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; **or**

   (c) Have a certification as a certified industrial hygienist or its equivalent in a related scientific field; **or**

   (d) Have continuously current training (From 4/1/1990 to present).

2) A "**Management Planner**" shall have successfully completed an MDEQ-approved training course for the "management planner" discipline, and shall:

   (a) Have a Bachelor of Science degree in engineering or its equivalent from an accredited university and a current, valid license 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; **or**

   (c) Have a certification as a certified industrial hygienist or its equivalent in a related scientific field; **or**

   (d) Have continuously current training (From 4/1/1990 to present).

3) A "**Supervisor**" shall have successfully completed an MDEQ-approved training program for the "supervisor" discipline and shall have a high school diploma or its equivalent.

4) An "**Inspector**" shall have successfully completed an MDEQ-approved training course for the "inspector" discipline and shall have a high school diploma or its equivalent.

5) An "**Air Monitor**" shall have successfully completed an MDEQ-approved training course for the "supervisor" discipline and shall:

   (a) Satisfactorily complete an MDEQ-approved training course for the collection and evaluation of air samples; **and**

   (b) Have a high school diploma or its equivalent.

6) A "**Worker**" shall have successfully completed an MDEQ-approved training program for the "worker" discipline.

APPLICATION SUBMITTAL

An applicant may submit an application packet using one of the following methods:

1) *Electronic*: Please visit https://www.mdeq.ms.gov/air/asbestos/asbestos-certification-portal/ to submit a completed application packet and please follow the applicable instructions found in the "Payment" section.

2) *Mail*: Please follow the instructions found in the "Payment" section application packet.

PAYMENT

Payment for each certification requested by an applicant must be received in full before an application packet can be considered "complete" in accordance with MDEQ regulations. A check or money order made payable to "Mississippi Department of Environmental Quality" (note "Asbestos" and the applicant's name as a memo) in addition to the complete application packet shall be mailed to the following address:

(**NOTE:** If an applicant opts to submit an application packet via the "Electronic" method, include only a copy of each application with the payment)

For Standard Mail:
Mississippi Department of Environmental Quality
ATTN: Accounts Receivable – Fees
P.O. Box 2339
Jackson, MS 39225

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

Mississippi Department of Environmental Quality
Asbestos Certification/Re-certification Application for Individuals

1. Type of Certification and Fees ☐ Initial Certification ☐ 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 the attached Instructions.

a. Project Designer ☐ $200	b. Management Planner ☐ $200	c. Supervisor ☐ $250
d. Inspector ☐ $200	e. Air Monitor ☐ $250	f. Worker* ☐ $35

Payment Method: ☐ Check ☐ Money Order | Check / Money Order No.: _____ | Payment Amt:_____

**NOTE*: The "Worker" certification requires a "Physician's Statement" form every three (3) years. (See attached)

Denote the Method of Training Completed: ☐ In-Person ☐ Virtual ☐ Hybrid (Combination of In-Person & Virtual)

2. Application Information

Date of Application	Social Security Number (Last four digits) XXX-XX-_____	
Last Name	First Name	Middle Initial
Applicant Street Address		
City	State	Zip

Date of Birth	Sex	Phone Number	E-mail

3. Employer Information

Company Name		
Company Address		
City	State	Zip
Phone Number	Email	

4. Education Information

Refer to the attached "Instructions" 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

Professional Licensure Information (Required for "Management Planner" and "Project Designer")

☐ Professional Engineer ☐ Licensed Architect ☐ Certified Industrial Hygienist ☐ Continuously Current Training

State for Registration / Licensure _____ Registration/License Number _____

5. Affidavit

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

For MDEQ Use Only

Date of Application Receipt: _____ Date of Payment Receipt: _____

Additional Info. Required: ☐ Yes ☐ No Date Additional Info. Received: _____

Date of ☐ Approval / ☐ Denial: _____ Name of MDEQ Staff: _____

“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