

State of California
Department of Industrial Relations
Division of Occupational Safety and Health

Asbestos Consultant or Site Surveillance Certification Renewal Request

1. **Renewal of Certification for:** Asbestos Consultant **or** Site Surveillance Technician
2. **Certification number:** (from certification card) _____
3. **Applicant:** _____
Last Name First Middle
4. **Preferred mailing address:** Home **or** Work
5. **Home address:** _____
Street

City State Zip Code
6. **Home Tel:** (_____) _____ - _____. **Fax:** (_____) _____ - _____
7. **Work name and address:** _____
(Name of employer or company name if self employed)

Street

City State Zip Code
8. **Work Tel:** (_____) _____ - _____. **Ext:** _____. **Fax:** (_____) _____ - _____
9. **E-mail address:** _____
10. **Required Supporting Document Checklist:**
- a) **Required Fee:** \$325.00 for Consultants and \$270.00 for Site Surveillance Technicians. Make check payable to "Asbestos Certification Fund"
 - b) **Photographs:** Two 1 1/2" x 1 1/2" color, passport type taken within the past 30 days
 - c) **AHERA Management Planner:** Copy of Refresher Certificate (Required for Consultants only)
 - d) **AHERA Project Designer:** Copy of Refresher Certificate (Required for Consultants only)
 - e) **AHERA Contractor/Supervisor:** Copy of Refresher Certificate
 - f) **AHERA Building Inspector:** Copy of Refresher Certificate
 - g) **Form 5144(if applicable):** Original
11. **Signature:** _____ **Date:** _____

As required in 8 CCR 341.15, please mail your completed renewal request, with attachments, in time to arrive **60 days before** your card expires to:

**Department of Industrial Relations
Cal/OSHA, Asbestos Certification Unit
2424 Arden Way, Suite 485
Sacramento, CA 95825-2417**