State of California
Department of Industrial Relations
Division of Occupational Safety and Health
Asbestos Unit – Certification Approval
2424 Arden Way, Suite 485
Sacramento, CA 95825-2417

Declination to provide clean-shaven identification photos

I understand that Title 8 of the California Code of Regulations (T8CCR) section 5144(g)(1)(A)1 (Respiratory Protection) prohibits the use of respirators with tight fitting facepieces if an employee has facial hair where the respirator sealing surfaces contact the face.

I affirm that I will not enter regulated areas (containment) as defined in T8CCR 1529(b), as part of my employment or engage in other activities that would require me to use respiratory protection if I have facial hair that comes between the sealing surface of the facepiece of a respirator and the face.

I further affirm that if circumstances arise that requires my use of a respirator; I will shave before using a respirator with a tight fitting facepiece.

PERSONAL DATA Certification Number: _____

Name: _____
Last First Middle

PART IX CERTIFICATION

I certify that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of my certification.

Signature:_____ _____
(Unsigned form will not be processed) Date

****DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT USE ONLY****

Approving Signature: _____ _____ _____
Date

____Passed Exam – Deficiency ____Renewal Request - Deficiency