State of California Department of Industrial Relations

Division of Occupational Safety and Health Asbestos Unit – Certification Approval

1750 Howe Avenue, Suite 460 Sacramento, CA 95825

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) premployee has facial hair who			
I affirm that I will not enter of my employment or eng protection if I have facial have respirator and the face.	age in other activities	that would require me	to use respiratory
I further affirm that if circum using a respirator with a tigh	-	es my use of a respirator;	I will shave before
PERSONAL DATA	Certification Numb	er:	
Name:	Fi	rst	Middle
PART IX CERTIFICAT	ION		<u></u>
I certify that the informatic understand that submittal of of my certification.			-
Signature:			
(Uns	signed form will not be processed)	Date	,
DO NOT WRITE B	ELOW THIS LINE—	FOR DEPARTMENT I	USE ONLY
Approving Signature:		Date	
Passed Exa	am – Deficiency	Renewal Request - D	Deficiency