

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**