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 Cons	sultant or □ Sit	te 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.	E-mail address:				
8.	Work name and address:				
	(Name of employer or company name if self-employed)				
	Street				
			Street		
	City		State	Zip Code	
9.	Work Tel: ()	Ext	t: F	ax: ()	
10.	Work E-mail address:				
11.	 1. 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 ½" x 1 ½" 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 				
12.	Signature:		D	oate:	

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 1750 Howe Avenue, Suite 460 Sacramento, CA 95825