

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. **E-mail address:** \_\_\_\_\_

8. **Work name and address:** \_\_\_\_\_  
 (Name of employer or company name if self employed)  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

9. **Work Tel:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

10. **Work E-mail address:** \_\_\_\_\_

11. **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:** \_\_\_\_\_ **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 495  
 Sacramento, CA 95825-2417**