

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH- ASBESTOS PROGRAM**

**INITIAL AND RENEWAL APPLICATION FOR BUSINESS
ENTITIES PERFORMING ASBESTOS PROJECTS**

General Instructions: Use this form to apply for a license or a waiver of a license to perform asbestos projects in Nebraska.

Where the application requests information to be provided on a separate page, please attach separate page(s) to the application, and indicate the part and item number in the upper right-hand corner.

Applications will not be approved if they are incomplete, unsigned, or do not have the appropriate application fee of **\$3,000.00** enclosed, as required by 178 NAC 22-009.01. Checks or money orders should be payable to the DHHS-Asbestos Program. Initial applications and waivers will be processed within sixty (60) days of receipt, and renewal applications will be processed within (30) days of receipt.

Prior to applying for licensure, applicants should review the requirements of 178 NAC 22-003.

Please mail the completed application and appropriate fee to the following:

Nebraska Department of Health & Human Services
Division of Public Health- Asbestos Program
P.O. Box 95026, 301 Centennial Mall South
Lincoln, NE 68509-5026
Phone: 402-471-0386 Fax: 402-471-8833

RENEWAL APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT NO LESS THAN THIRTY DAYS PRIOR TO THE EXPIRATION DATE, TO ALLOW FOR THE PROPER REVIEW BY THE DEPARTMENT.



DIVISION OF PUBLIC HEALTH- ASBESTOS PROGRAM

Please indicate the application type:
 Initial application
 Renewal application
License #: _____

**INITIAL AND RENEWAL APPLICATION FOR BUSINESS ENTITIES PERFORMING ASBESTOS PROJECTS
PART A- GENERAL INFORMATION**

1. Name of Business Entity: _____
Mailing Address: _____
City: _____ State/Zip: _____
Contact Name: _____ Phone: _____
Email/Web Address: _____ Fax: _____

2. Type of Business: _____

3. Federal ID Number: _____

4. If the business entity is organized as a sole proprietorship or partnership, please list the individual(s) comprising it and their title(s):

5. If the business entity is organized as a corporation, please list the chief executive officer and any other officers:

6. Have any individuals involved with the entity ever been involved with another business performing asbestos work? Yes _____ No _____

If Yes is selected, please state the name of the business and relationship (Licensee, Owner, Vice-President, etc.): _____

PART B- RENEWAL INFORMATION
(Current Nebraska licensees only)

1. License Number: _____ Expiration Date: _____

PART C- WORK PRACTICES

- 1. Attach a copy of the business entity’s written employee protection plan and work practice standard operating procedures, including at a minimum:
 - a. A description of the protective clothing used;

- b. A description of the site decontamination procedures the business entity will use;
 - c. A description of the removal, enclosure, encapsulation, demolition, dismantling and maintenance methods;
 - d. A description of the methods for handling ACM waste;
 - e. A description of air monitoring procedures; and
 - f. A description of the procedures that the business entity will use in cleaning-up asbestos projects.
2. Indicate the name and location of a specific asbestos waste disposal site licensed and approved by the Nebraska Department of Environmental Quality that the business entity has contacted and agreed to accept ACM waste generated by the business entity.

Name: _____

Location: _____

3. List the name, home address and license number of at least one Nebraska-licensed Asbestos Supervisor who will be present at, directly supervise each project, and be responsible for compliance with the Department's regulations.

Name: _____

Home Address: _____

License Number: _____

PART D- RESPIRATORY PROTECTION AND MEDICAL SURVEILLANCE PROGRAMS

1. List the name and home address of the individual responsible for establishing and maintaining a written respiratory protection and medical surveillance program.

Name: _____

Home Address: _____

2. Attach supplemental pages to the application that describe the business entity's policies and procedures with regard to respiratory protection program activities. Federal occupational safety and health requirements require these programs comply with procedures established by 29 CFR 1910.134(b), (d), (e), (f), and 29 CFR 1926.58(h). At a minimum, indicate how your business:
- a. Designates the type of respirators to be worn during various stages of an asbestos project;
 - b. Performs respirator Fit-Tests of employees, and instructs individuals how to check for proper adjustment of respirators when worn;
 - c. Identifies and handles special respirator use problems, such as wearing corrective glasses, facial hair, unusual facial structure, or medical problems;
 - d. Stores respirators and issues them to employees;

- e. Cleans and sanitizes respirators;
 - f. Inspects and repairs respirators; and
 - g. Identifies (and corrects) any general problems that interfere with the proper use and care of respirators by employees.
3. If a Type C supplied air respirator system is used, include information that describes the safety devices and special air purification equipment used with the compressor, and the special operating procedures followed to assure adequate and safe air supply is provided.
 4. Attach a copy of business entity's medical surveillance program.

PART E- REQUIRED EQUIPMENT

1. Attach additional information that provides information regarding equipment owned by the business entity:
 - a. The number, manufacturer, type (model number), serial number and capacity of HEPA filter-equipped portable exhaust fan units with a minimum rated capacity of 500 cubic feet per minute;
 - b. The number, manufacturer, type (model number), serial number and capacity of HEPA filter-equipped vacuuming devices equipped with hoses and attachments necessary for cleaning wet surfaces;
 - c. The number, manufacturer, type (model number), serial number and capacity of Type C pressure demand or continuous flow respirator system air compressors and air purifying systems supplying Grade D breathing air, and MSHA/NIOSH approved supplied-air respirators, hoses and regulators that are intended for use with each compressor;
 - d. The number, manufacturer and type (model number) of MSHA/NIOSH approved negative pressure air purifying respirators, and the number and types of cartridges normally maintained in continuing inventory for use with them. Also indicate how frequently cartridges are replaced; and
 - e. The number, manufacturer and type (model number) of powered air purifying respirators, and the number and types of cartridges normally maintained in continuing inventory for use with them. Also indicate how frequently cartridges are replaced.

*If a waiver of any of the equipment required by Department Regulations 178 NAC 22-003.02E1 through 003.02E4 is requested, please submit an Application for Waiver (Form 2) with your application.

2. For equipment not owned by the business entity, describe how immediate and continuing access to the required equipment will be provided. A copy of a current rental agreement may be provided.

PART F- VIOLATIONS/PROJECTS

(Attach additional pages as necessary)

1. Include copies of all citations levied against the business entity within the past ten (10) years by any federal, state or local government agency for violations related to asbestos activities, including names and locations of the activities, dates, and a description of how the allegations were resolved.
2. Describe all legal proceedings, lawsuits or claims, whether civil or criminal, which have been filed or levied against the business entity, or any past or present employees for violations related to asbestos activities within the past ten (10) years.
3. For business entities applying for an initial Nebraska license who have been licensed in another state, indicate what state(s) you are or have been licensed in, and list all projects performed by the business entity during the preceding year, including the name of building owner, address and phone number.

PART G- VERIFICATION

Note: The chief executive officer of the business entity must sign the following statement.

I hereby verify that the foregoing information included in this application and any supplemental information attached to it is true to the best of my knowledge.

I further state that all persons who engage in any asbestos projects will be licensed, and I will comply with all requirements applicable under the State of Nebraska Asbestos Control Program Regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §§38-129, I attest as follows:

(Check only one appropriate box below)

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: _____

Signature: _____ Date: _____

Phone Number (Optional): _____ Email Address (Optional): _____