



Division of Public Health - Licensure Unit  
 PO Box 94986 - Lincoln, NE 68509-4986  
 Phone: 402-471-2299

## APPLICATION FOR INITIAL AND LIMITED ASBESTOS OCCUPATION LICENSURE

**Check below the type of license you are applying for:**

- Worker \$110.00   
  Inspector \$200.00   
  Project Designer \$200.00   
  Limited Project Designer \$200.00  
 Supervisor \$200.00   
  Project Monitor \$200.00   
  Management Planner\* \$300.00   
  Limited Management Planner \$300.00  
 \*Includes licensure as an Inspector

**This Application Can Be Completed Electronically, but Must Be Printed To Be Signed By the Applicant and the MD or DO**

**SECTION A – Personal Information – This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Note: All mailings from this office will be sent to the address you indicate below. If your address changes, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (AKA):	
2	Present Address	Street/Box/Route:		
		City:	State or County:	Zip:

**Additional Information Requested – This information is not displayed on the internet**

3	Date of Birth – Month/Day/Year:	Place of Birth – City/State or County:	
4	Check the appropriate box, and provide a number:	<input type="checkbox"/> Social Security Number (SSN);    SSN#: _____ <input type="checkbox"/> Alien Registration Number (A#)    A#: _____	
		If you have both a SS# and an A# you must report both. Neb. Rev. Stat §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.	
5	Phone Number:	E-Mail Address (Optional):	Present Employer:
6	Employer's Phone Number:	Fax Number (Optional):	Employer's Address – City/State/Zip Code:
7	Please indicate where you would like your renewal sent: <input type="checkbox"/> Home <input type="checkbox"/> Employer		

**An individual who practices prior to issuance of a license is subject to assessment of an administrative penalty in the amount of \$10.00 per day, not to exceed a total of \$1,000 as provided in the statutes and regulations governing the credential.**

8	Check the appropriate box:	<input type="checkbox"/> I <b>have not</b> practiced in the <b>asbestos occupation that I am CURRENTLY applying for</b> in Nebraska before submitting this application.  <input type="checkbox"/> I <b>have</b> practiced in the <b>asbestos occupation that I am CURRENTLY applying for</b> in Nebraska before submitting this application.  Number of days practiced: _____ Location of practice: _____
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**SECTION B – Submission Requirements**

1 All applicants must have taken a Department or EPA approved training in the appropriate occupation within the preceding 12 months and passed with at least a 70% or have successfully completed approved annual review training since initial training. Once licensed, an individual, must successfully complete approved annual review courses as required by 178 NAC 22-008.07 to remain current in training requirements throughout the term of his/her license.

**Note: An individual who fails to complete a review course for a period of one year or longer from the expiration date of any previous course must retake the initial training course.**

2 This application is based on:  Nebraska–approved training  EPA-approved training

3 All applicants must have taken Nebraska Law, Rules and Regulations training as a separate course or in conjunction with training in the appropriate occupation within the preceding 12 months and passed with at least a 70%. Once licensed, an individual must successfully complete approved annual review courses as required by 178 NAC 22-008.08 to remain current in training requirements throughout the term of his/her license.

4 All applicants must attach **ORIGINAL** initial and subsequent refresher certificates of asbestos training and Nebraska Law, Rules and Regulations training. The certificates must indicate name and address of training course provider. If the address is not listed, the applicant may write in the address of the training course provider. Note: Training certificates will be returned.

5 Name and address of Training Provider:

6 All applicants other than an asbestos limited project designer or limited asbestos management planner must obtain a physical examination and physician statement that the licensee is physically capable of working while wearing a respirator within the preceding 12 months. Once licensed, an individual must have an annual physical examination and physician statement as required by 178 NAC 22-004.02A, item 4 to remain current in medical requirements throughout the term of his/her license.

7 All applicants must attach the **ORIGINAL** completed Physician’s Certification with an original signature of the physician (**MD or DO**). **No copies of the signature will be accepted; Form 4 is included below.**

**The following questions relate to a credential that you hold, or have held, in health services, health-related services, or environmental services in Nebraska or another jurisdiction.**

		Yes	No		
1	Are you credentialed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of credential action:	Date of action:
3	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain:	
4	Have you had any disciplinary action(s) taken against your credential in the State of Nebraska? Yes <input type="checkbox"/> No <input type="checkbox"/>				
5	Have you practiced your profession after the expiration of your credential, training, or physical? Yes <input type="checkbox"/> No <input type="checkbox"/>				
6	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so? Yes <input type="checkbox"/> No <input type="checkbox"/>				

If you answered yes to questions 2-6, you must send the following documents directly to this office:

- Certification of your credential in another state
- Official documents from the State in which the disciplinary action was taken

## SECTION D – Attestation

**Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

- I am a citizen of the United States; **OR**
- I am a qualified alien under the Federal Immigration and Nationality Act; **OR**
- I am a nonimmigrant lawfully present in the United States; **OR**
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will **NOT** be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

**Signature and Application Attestation:** I attest that:

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NOTE: The applicant must submit the following:**

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Citizenship, lawfully admitted/present information:** You must submit a copy of at least one of the following documents:

**Any of the following documents to provide proof of United States Citizenship:**

- 1) A U.S. Passport (unexpired or expired);
- 2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- 4) An American Indian Card (I-872);
- 5) A Certificate of Naturalization (N-550 or N-570);
- 6) A Certificate of Citizenship (N-560 or N-561);
- 7) Certification of Report of Birth (DS-1350);
- 8) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- 9) Certification of Birth Abroad (FS-545 or DS-1350);
- 10) A United States Citizen Identification Card (I-197 or I-179);
- 11) A Northern Mariana Card (I-873);

**If you are NOT a U.S. Citizen, you must submit a copy of one of the following:**

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- Employment Authorization Card

**AND**

- An approved deferred action status (DACA);
- A pending application for asylum in the United States;
- A pending or approved application for temporary protected status in the United States;
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ASBESTOS PROGRAM**

**ASBESTOS OCCUPATION  
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6310 pertaining to the State certification of an individual for an asbestos occupation. The statute provides that individuals may not be certified unless they have “been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator”.

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**PHYSICIAN'S CERTIFICATION**

Name of Individual Examined: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address of Individual: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

- Is physically capable of working while wearing a respirator
- Is not physically capable of working while wearing a respirator

Name of Examining Physician: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Jurisdiction Issuing License: \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_

**(Signature must be from MD or DO only; no copies will be accepted.)**

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## APPLICATION PACKAGE CHECKLIST

- Completed Application:
  1. All questions are answered
  2. Application is signed
  
- Application Fee:
  1. Correct fee for discipline is attached
  
- Include one of the following as proof of citizenship:
  1. U.S. Birth certificate (copy), or
  2. Passport provided (copy)
  
- Attestation section boxes checked
  
- Alien/Non-Immigrant Documentation:
  1. Proof of lawful entry into the U.S. (See the **\*NOTE** page on application)
  
- Include one of the following as verification applicant is 19 or older:
  1. Driver's license (copy), or
  2. Birth certificate (copy)
  
- Physical conducted by a physician within last 12 months:
  1. Original document
  2. MD or DO signature
  3. Applicant is physically capable results are checked
  4. Date of exam
  
- Nebraska Law Rules and Regulations Course:
  1. Original training certificate within last 12 months (**Original Document Copies Are Not Accepted**)
  
- Verification of Completion of Training:
  1. Original initial training certificate for discipline for which you are applying for (**Original Document Copies Are Not Accepted**)
  
- Verification of Review Training:
  1. Original refresher training certificate for discipline for which you are applying (**Original Document Copies Are Not Accepted**)
  2. Check there is no lapse in training dates for all refreshers submitted (Within 12 Months From Expiration Of Last Training); review training must be completed within 12 months

Any document written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.