



Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES**

**Office of Environmental Health Hazards and Indoor Air  
Application for Asbestos Business Entity Licensure**

Omission of required documents will delay license issuance.

**PART A- Applicant Information**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

If the business is organized as a sole proprietorship or partnership, list all individuals comprising it and their titles:

\_\_\_\_\_  
\_\_\_\_\_

If the business is organized as a corporation, list all officers and their titles:

\_\_\_\_\_  
\_\_\_\_\_

Has anyone currently on staff previously been involved with another asbestos business? Yes \_\_\_ No \_\_\_

If yes, list the business name and the individual's relationship (licensee, owner, vice-president):

\_\_\_\_\_

**PART B- Renewal Information**

Current Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART C- Work Practices**

Attach a copy of your written employee protection plan and work practice standard operating

procedures, including at a minimum:

- a. Description of protective clothing to be used
- b. Site decontamination procedures to be used
- c. Description of the removal, enclosure, encapsulation, demolition, dismantling and maintenance methods to be used
- d. Methods for handling ACM waste
- e. Air monitoring methods to be used
- f. Procedures used for cleaning-up asbestos projects

List the name and location of a specific asbestos waste disposal site licensed and approved by the Nebraska Department of Environmental Quality the business has coordinated with and agreed to accept ACM waste generated by the business:

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

Location: \_\_\_\_\_

List the name, address and license number of at least one Nebraska-licensed asbestos supervisor who will be present at, directly supervise, and be responsible for regulation compliance on each project site:

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

Home Address:

License Number:

#### **PART D- Respiratory Protection and Medical Surveillance Program**

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:

Include supplemental pages to the application that describe business 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:

- g. Designates the type of respirators to be worn during various stages of an asbestos project
- h. Performs respirator Fit-Tests of employees, and instructs individuals how to check for proper adjustment of respirators when worn
- i. Identifies and handles special respirator use problems, such as wearing corrective glasses, facial hair, unusual facial structure, or medical problems
- j. Stores respirators and issues them to employees
- k. Cleans and sanitizes respirators
- l. Inspects and repairs respirators
- m. Identifies and corrects general problems that interfere with the proper use and care of respirators by employees

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.

Include a copy of business entity's medical surveillance program.

### **PART E- Required Equipment**

Attach additional information that provides information regarding equipment owned by the business:

- n. The number, manufacturer, 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.
- a. The number, manufacturer, model number, serial number and capacity of HEPA filter-equipped vacuuming devices equipped with hoses and attachments necessary for cleaning wet surfaces.
- b. The number, manufacturer, 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.
- c. The number, manufacturer and 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. Indicate how frequently cartridges are replaced.
- d. The number, manufacturer and model number of powered air purifying respirators, and the number and types of cartridges normally maintained in continuing inventory for use with them. Indicate how frequently cartridges are replaced.

If a waiver of any of the equipment required by regulations is requested, submit Form 2 with your application package.

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

### **PART F- Violations and Projects**

Include copies of all citations levied against the business within the past ten years (10) by any federal, state or local government agency for violations related to asbestos activities. Include names and locations of the activities, dates, and a description of how the allegations were resolved.

Describe all legal proceedings, lawsuits or claims (whether civil or criminal) which have been filed or levied against the business or any past or present employees for violations related to asbestos activities within the past ten years (10).

If you are a new business applying for initial licensure, list what states you have been or are licensed in, and all projects performed by the business during the preceding year. Include the name of the building owner, address, and phone number for each.

### **Part G- 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 a qualified alien under the Federal Immigration and Nationality Act. My immigration status and alien number is \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.
- 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.

**PART F- Certification**

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

I hereby attest I have read the application or have had the application read to me. The responses and information provided on this application are true, complete and accurate, and I understand this information may be used to verify my lawful presence in the United States. 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 Regulations.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Your completed application package should be submitted to our office prior to the expiration date (if renewal) in order to avoid a lapse in licensure. Applications for new licensure or waivers will be processed within sixty days (60), renewals within thirty days (30).

A check or money order for three thousand dollars (\$3,000.00) should be made payable to DHHS.

Application packages can be emailed to [dhhs.asbestoslead@nebraska.gov](mailto:dhhs.asbestoslead@nebraska.gov) or mailed to:

DHHS- Office of Environmental Health Hazards and Indoor Air  
 Asbestos Program  
 PO Box 95026  
 Lincoln, NE 68509-5026  
 402-471-0549