



GENERAL ABATEMENT CONTRACTOR CERTIFICATION APPLICATION

Please type or print.

WHO MUST APPLY: All persons who wish to perform asbestos abatement activities in the State of Colorado. Certification is required under Colorado law (§§25-7-505, C.R.S. 1982, as amended). Certification must be renewed annually.

FEES: Please make checks or money orders payable to: Colorado Department of Public Health and Environment or CDPHE. Visa, MasterCard & Discover accepted in person only. (We do not accept cash.)

PART I — Please check the appropriate box:

- [code 511] \$2,000⁰⁰ Initial Registration (in-state)
 [code 512] \$1,000⁰⁰ Renewal of Registration (in-state)
 [code 521] \$3,000⁰⁰ Initial Registration (out-of-state)
 [code 522] \$2,000⁰⁰ Renewal Registration (out-of-state)

GAC#	Expiration Date:
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PART II - General Information

Name of Company _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

Website www. _____ Email: _____

Phone number _____ Fax _____

This company conducts asbestos abatement services in the following: Single Family Residential Dwellings
 Public & Commercial Buildings Schools Demolition Other (please list)

This firm offers its services in the following Colorado locations: Entire State or only: Denver Metro Front Range
 Western Slope Northern Colorado Area Colorado Springs Area Other Locations (please list):

Has this company or its principal(s) ever been licensed as an asbestos abatement contractor in another state? Y N
 If yes, please list the business names and state(s) in which you operated (attach a separate sheet if necessary):

Does the company - or any principal of the company - have any past, present, or pending asbestos activity violation(s) of EPA, state, U.S. territory, OSHA or Indian tribal land(s) regulations? Y N

(If yes, please attach a copy of all enforcement documents pertaining to each enforcement action.)

APCD USE ONLY

Date Received:	APCD Tracking Number:	Check date:	Check or CC#	Amount Paid

PART III - Ownership Information

TYPE OF OWNERSHIP (Check One)
Individual Applicant: <input type="checkbox"/> Sole Proprietor Business Applicant: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> LLC <input type="checkbox"/> Other _____

(A) Individual Applicant:

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

(B) Business Applicant: *(include a certificate of authority from the Secretary of State)*

Name of Company _____

FEIN#: _____ Colorado Business License #: _____

Colorado Agent for Legal Service (for Corporations only)

Name of Agent _____

Address (if different from company's) _____

Phone (if different from company's) _____

Email (if different from company's) _____

(C) COMPANY OFFICERS:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

(D) FINANCIAL INTEREST OF COMPANY OFFICERS

Colorado Air Quality Control Commission (“AQCC”) Regulation No. 8, Part B, Section III.A.1.e requires that Building Inspectors identifying Asbestos-containing building material (“ACM”) must be independent of the General Abatement Contractor (“GAC”) that will subsequently abate the ACM identified. Therefore, do any of the principals or officers of your company now, or did they in the past three years, own, operate or have a financial interest in any entity operating in

the asbestos industry? YES NO If yes, below please list the name and legal address of all asbestos industry entities which they owned, operated or had a financial interest in.

(E) LIABILITY INSURANCE:

Type(s): _____

*Liability Insurer: _____ Phone Number: _____

Policy Number: _____

Summary of Insurance Coverage and Exclusions: _____

*Please provide a copy of the certificate(s) of insurance

PART IV - Employees & Training Program

(A) COMPANY EMPLOYEES

Pursuant to C.R.S. § 25-7-505(1)(b), please identify all individuals employed by the Company who have been trained and certified as an asbestos supervisor in accordance with AQCC Regulation No. 8, Part B and all applicable statutes.

Name	Years of experience in industry	CDPHE - Record# & Expiration Date	EPA Accredited Training Provider	AHERA Certificate Number	AHERA Certificate Expiration Date

Please provide additional employees on a separate sheet of paper.

(B) TRAINING PROGRAM

Please provide a detailed and complete copy of the applicant’s “Employee Training Program” for asbestos abatement, pursuant to C.R.S. §25-7-505(1)(a), which must include (at a minimum): respiratory protection program, hazardous communication program, and health & safety program required by company.

PART V – COMPANY RESOURCES

Please provide a current inventory of the equipment on hand necessary to complete an asbestos abatement project. (Physical location for storage of equipment if different that physical address of company:)

Type of Equipment	Manufacture	Make & Model		How many?	Owned, Leased or Borrowed?

Please provide additional equipment on a separate sheet of paper.

PART VI - AGENT VERIFICATION OF INFORMATION

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or certification suspension or revocation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents; that the submitted information is true, accurate and complete to the best of my knowledge; and by my signature attest to the following (please initial each line to signal agreement):

___ I have read, understand, and am familiar with Colorado and Federal regulations regarding asbestos abatement and disposal, and agree to follow and abide by all the provisions contained therein.

___ I have read, understand, and am familiar with the Employee Training Program as part of the application regarding asbestos abatement and disposal, and agree to follow and abide by all the provisions contained therein.

___ I accept responsibility for ensuring that all applicable state and federal regulations and accepted work practices will be complied with during the execution of all asbestos abatement projects authorized by CDPHE pursuant to this certification.

I certify that I am the person authorized to sign this application on behalf of this company and that all statements made in this application are, to the best of my knowledge, correct and complete. (Note: Making false statements on this application constitutes second-degree perjury as defined by C.R.S. §18-8-503, and is punishable by law.)

Authorized Representative Signature **Date**

Printed Name **Position or Title**

NOTE: As part of the approval process, a site evaluation shall be conducted by a division representative to verify location and equipment. All home-based businesses and those using self-storage facilities will be prohibited from storing asbestos-containing waste material and asbestos-contaminated equipment on site. Furthermore, if property is not owned by applicant, a notarized statement from the owner/lesser granting permission for the applicant to use the property as a General Abatement Contractor is required to be submitted with this application.