

Iowa Division of Labor**Asbestos Abatement**

1000 East Grand Avenue

Des Moines, IA 50319

Phone: 515-281-6175

Fax: 515-725-2427

Email: asbestos@iwd.iowa.govwww.iowadivisionoflabor.gov/asbestos-abatement**Application for Asbestos Permit****FOR OFFICE USE ONLY**

Date: _____ Initials: _____ Issued: Yes No

New Permit #: _____ Issued date: _____

Exp. Date: _____ Check #: _____

Violations: OSHA EPA

Debts: OSHA Wage Contractor

New **Renewal** **Replacement** **Previous Asbestos Permit #:** _____ **Expiration Date:** _____

Business name		Contractor registration #	
Address		City	State Zip
Business type: Sole Proprietor: Social Security number required _____ Partnership Corporation Other: _____			
Phone number	Mobile number	Fax number	
Contact name	Phone number	Email Address	
Name of disposal site that will be used			
Address		City	State Zip
Name and address of other asbestos business owned or operated by any Principals in your company currently or within the past three years			
Former business name and address if changed within the past five years			
Other states where the business has performed asbestos removal or encapsulation in the past five years			

Required Attachments

1. Respiratory protection program as described in 29 CFR 1926.1101(h) and 1910.134 as applicable.
2. Procedures for air sampling and personal monitoring.
3. Medical Surveillance policy, procedures, manual or program.
4. Blank ten-day notice form the business will use.
5. Copies of all citations, violations and penalties levied against the business within the past ten years by any federal, state or local government agency for violations related to asbestos activity. Provide name and locations of the activity, date and a description of how the allegations were resolved.
6. Describe any civil or criminal legal proceeding, lawsuit or claim, which has been filed or levied against the business or any principals relating to asbestos activity within the past ten years.
7. Non-refundable \$500.00 processing fee. Make check or money order payable to: Iowa Division of Labor

I certify that the information on this form and the attachments is true and accurate to the best of my knowledge; each employee or agent of my business who will come into contact with asbestos or will be responsible for an asbestos project will first be licensed by the Iowa Division of Labor for the particular activity performed; and the business will comply with all applicable standards for removal or encapsulation of asbestos.

Signature of Chief Executive Officer or Designee

Printed name

Date

Notice

The Division of Labor may deny this application, or revoke or suspend your permit if you knowingly make false or fraudulent statements on this application or the attachments. Criminal charges, forfeiture of your application fee, denial of future applications and a civil penalty up to \$5,000.00 may result from obtaining or attempting to obtain a permit through deceptive or fraudulent means.

Iowa Code sections 252J.8 261.126 and 272D.8 require that records of sole proprietors' permits be maintained by social security number. If a sole proprietor fails to provide a valid social security number, this application will be denied. Your social security number may also be shared with other governmental agencies.

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

For deaf and hard of hearing, use Relay 711.

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