For fastest processing apply online at epa.ohio.gov/asbestos. Please read carefully all the instructions and questions before completing this form.

- For Individual Certification replacement, complete sections 1, 2, 3, & 5, include name of submitter.
- For Contractor License replacement, complete sections 1, 4 & 5, include name of submitter.
- Include check or money order payable to “Treasurer, State of Ohio”.
- Mail to: Ohio EPA, Asbestos Program, PO Box 1049, Columbus, OH 43216-1049

### 1. Contractor License / Asbestos Hazard Certification Type:

<table>
<thead>
<tr>
<th>License/Certification Number</th>
<th>Replacement Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor License (AC)</td>
<td>$200.00</td>
</tr>
<tr>
<td>Abatement Worker (WK)</td>
<td>$20.00</td>
</tr>
<tr>
<td>Abatement Specialist (Supervisor) (AS)</td>
<td>$50.00</td>
</tr>
<tr>
<td>Evaluation Specialist (Bldg. Inspector/Mgmt. Planner) (ES)</td>
<td>$50.00</td>
</tr>
<tr>
<td>Air Monitoring Tech (AM)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Asbestos Project Designer (PD)</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

### 2. Individual Certification Replacement

First Name: [ ]
Last Name: [ ]
Home Address: [ ]
City: [ ]
State: [ ]
Zip: [ ]
Last 4 digits of your SSN: [ ]
Phone: ( ) - [ ]
Email: [ ]
Employer Name: [ ]
Employer Address: [ ]
City: [ ]
State: [ ]
Zip: [ ]
Employer Phone: ( ) - [ ]
Employer Email: [ ]

### 3. Mail To: (Choose Only One)

- [ ] Personal Address
- [ ] Employer Address
- [ ] Other Address (if “Other”, then complete below)

Other Address:
City: [ ]
State: [ ]
Zip: [ ]

### 4. Contractor License Replacement

License #: [AC]
Federal Tax ID: [ ]
Contractor Name: [ ]
Phone: ( ) - [ ]
Mailing Address:
City: [ ]
State: [ ]
Zip: [ ]

### 5. REASON FOR REPLACEMENT:

Provision of your Social Security Number (SSN) is mandated by Ohio Revised Code section 3123.50 and Ohio Administrative Code Chapter 3745-22. Your SSN may be used for purposes including, but not limited to, identification of obligators under child support orders and verification of identity.

By submission of this application, I solemnly swear that the answers I have given on this application and all other information submitted, are accurate, complete and true to the best of my knowledge.

 knowingly making a false statement or knowingly swearing or affirming the truth to a false statement previously made to gain approval is a criminal offense. See Ohio Revised Code section 2921.13.

Name of Submitter: [ ]
Date: [ ]

(Revised 12/19)