

Asbestos Contractor Agent Replacement Application Form



Please remit renewal application form, applicable fees and supporting documents to:

EPD - Asbestos Program
ATTN: Maggie Williams
4244 International Parkway, Suite 104
Atlanta, Georgia 30354

1. Replacement Agent Information

Former Agent Name:		Former Agent's License Number:	
Replacement Agent's Last Name:		Replacement Agent's First Name:	MI
Replacement Agent's Home Street Address			
City		State	Zip
Phone Number ()		Cell Phone/Pager Number ()	
Social Security Number		Height	Weight
E-mail		DOB	Sex

2. Company Information

Company Name			
Company Address			
City	State	Fax Number ()	Phone Number ()
E-Mail Address:		Cell Phone/Pager of Primary Contact Person:	
Primary Contact Person		Owner/ President of Company	

3. Enclosures Required

AGENT CHANGE APPLICATIONS MUST INCLUDE THE FOLLOWING:

- Copies of initial and update training certificates for Replacement Agent
- Check or money order made out to EPD Asbestos Fees for the renewal fee (\$100.00 USD) or copy of check/money order if previously submitted with renewal application
- Completed disclosure statement (See Attached Form)
- Documentation of Three (3) Previous Abatement Projects Completed or Supervised by the Replacement Agent (See Attached Checklist)
- Current/Updated SOP
- Agent Verification of Information
- Notary of Certification for Replacement Agent (Form Attached)
- Replacement Agent Acknowledgement of SOP (Form Attached)

4. Applicant Verification of Information

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license 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, and that the submitted information is true, accurate and complete.

 Company Owner/President

 Date

For Program Use Only			
Received By:	Date Received:	Check Number:	Check Amount:
Deposit Date:	Deposit Number:		

**ASBESTOS CONTRACTOR AGENT REPLACEMENT
DISCLOSURE STATEMENT**

Georgia Environmental Protection Division Rule 391-3-14-.04 states in part that "the application for a license or renewal of a license shall be accompanied by . . . information to demonstrate:

1. A description of any asbestos abatement activities conducted by the applicant that have been terminated prior to completion including the circumstances of the termination;
2. A list of any contractual penalties that the applicant has paid for breach or noncompliance with contract specifications of asbestos abatement activities;
3. Identifications of any citations levied against the applicant by any Federal, State, or local government agencies for violations relating to asbestos abatement;
4. A description of all legal proceedings, law suits or claims that have been filed or levied against the applicant for asbestos related activities;"

Firm Name: _____

President/Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license 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 and that the information submitted is true, accurate and complete.

Please complete this section **as it relates to your company**:

EITHER

The above referenced firm **Has Not** been subject to any of the above listed actions.

Printed Name of Company Owner/President

Signature of Company Owner/President

OR

This Firm **Has Been** subject to item(s) _____ of the actions listed above.

Action Taken (continue on attached pages if needed): _____

Printed Name of Company Owner/President

Signature of Company Owner/President

**NEW AGENT CHANGE ACKNOWLEDGEMENT OF STANDARD OPERATING PROCEDURES
(SOP)**

I, _____, do hereby certify under penalty of law that
(Replacement Agent)

I have read, am thoroughly familiar with, and agree to abide by and adhere to the
Standard Operation Procedures (SOP) for _____.
(Company Name)

Signed (Replacement Agent)

Date

**NOTARY OF CERTIFICATION FOR
REPLACEMENT AGENT
FOR
GEORGIA ASBESTOS ABATEMENT CONTRACTOR LICENSE**

This completed form must accompany your application for replacement agent.

I, _____, do hereby certify that _____,
(Company Owner/President) (Replacement Agent Name)

is applying for approval as and will be authorized to act as Primary Agent for

(Company Name)

Company Owner/President

Date

I, _____, do hereby certify that _____,
(Notary Name) (Company Owner/President)

personally appeared before me this _____ day of _____, 20 ____, and affixed his/her signature to this document.

Notary Public Signature: _____

My Commission Expires: _____

Affix Notary Seal Here:

**Three (3) Previous Asbestos Abatement Projects Completed or Supervised by the REPLACEMENT AGENT
(PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION)**

PROJECT 1:

Company Name, *Business Office* Contact Person, and Contact Phone Number of Client for Whom Work Was Conducted:

Project Site Address:

Copy of NESHAP Notification Letter Attached:

Air Monitoring Data, Including Final Clearance:

Company Name, *Business Office* Contact Person, and Contact Phone Number of asbestos waste transporter(s):

Name and Address of Disposal Sites for This Project:

PROJECT 2

Company Name, *Business Office* Contact Person, and Contact Phone Number of Client for Whom Work Was Conducted:

Project Site Address:

Copy of NESHAP Notification Letter Attached:

Air Monitoring Data, Including Final Clearance:

Company Name, *Business Office* Contact Person, and Contact Phone Number of asbestos waste transporter(s):

Name and Address of Disposal Sites for This Project:

PROJECT 3

Company Name, *Business Office* Contact Person, and Contact Phone Number of Client for Whom Work Was Conducted:

Project Site Address:

Copy of NESHAP Notification Letter Attached:

Air Monitoring Data, Including Final Clearance:

Company Name, *Business Office* Contact Person, and Contact Phone Number of asbestos waste transporter(s):

Name and Address of Disposal Sites for This Project:

Applicant Verification of Information for Projects Completed by REPLACEMENT AGENT:

I certify under penalty of law that I have personally examined and am familiar with the information submitted as Projects Completed by the proposed Replacement Agent for Asbestos Abatement Contractor in the State of Georgia. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this schedule and that the information submitted is true, accurate and complete:

Company Owner/President

Date

**Asbestos Contractor
Primary Agent Verification of Information Form**

This Completed Form Must Accompany All Asbestos Contractor Initial, Renewal, Agent Change and Company Name Changes Applications

1. Agent Information (Application will be returned unless all information is completed in full)			
Current License Number (if Applicable):		Expiration Date:	
Last Name		First Name	MI
Applicant Street Address			
City		State	Zip
Phone Number ()	Cell Phone Number: ()	Fax Number ()	
Social Security Number		Height	Weight
E-mail		DOB	Sex
2. Asbestos Abatement Contracting Company Information			
Company Name			
Company Street Address			
Company Mailing Address			
City	State	Zip Code	
Phone Number ()		Fax Number ()	
Primary Contact Person		Owner/ President of Company	
3. Agent Verification of Information			
<p>Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license 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; and by my signature attest to the following (please check each box to indicate agreement and understanding):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have read, understand, and am familiar with the Standard Operating procedure manual submitted as part of the application package for this company, and agree to follow and abide by all the provisions contained therein. <input type="checkbox"/> I have read, understand, and am familiar with Georgia and federal rules regarding asbestos abatement and disposal, and agree to follow and abide by all the provisions contained therein. <input type="checkbox"/> The training certificates submitted along with this application are valid, unaltered, and obtained in a legitimate manner. <input type="checkbox"/> The experience/project supervision information submitted along with this application is correct and accurate. <input type="checkbox"/> 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 this license. 			
_____		_____	
Signature of Primary Agent		Date	