

Georgia Department of Natural Resources

Environmental Protection Division
Land Protection Branch
Lead-Based Paint & Asbestos Program
4244 International Parkway, Suite 104, Atlanta, Georgia 30354
Noel Holcomb, Commissioner
Carol A. Couch, Ph.D., Director
404/363-7026

May 12, 2006

MEMORANDUM

TO: Asbestos Contractor License Applicants

FROM: Robert M. Gwin, Program Manager I

SUBJECT: Submittal Of Applications For Asbestos Contractors Licenses

EXTREMELY IMPORTANT UPDATE!

Effective immediately, EPD's Asbestos Program is making changes to how Asbestos Contractor application fees and documents are received.

As of May 31, 2006, application fee payments must be mailed to the address given below. No direct-mailed or hand-delivered application fee payments will be accepted at the Tradeport offices. **ALL** fee payments – both lead and asbestos – must be directed through the appropriate post office lock box. To submit applications for,

- Asbestos Contractor License
- Asbestos Contractor Renewal
- Principal Agent Change
- Asbestos Contractor Company Name Change

send your **application fee payments** (checks and/or money orders only) made payable to EPD-Asbestos Fees and attached to the payment voucher included in each application package to the asbestos fee lockbox at the following address:

**EPD Asbestos Fees Lockbox
Post Office Box 101173
Atlanta, Georgia 30392**

Send the **application forms and all supporting documents** - along with a copy of the payment voucher and the check sent to the asbestos fees lockbox - to EPD Asbestos License Unit, 4244 International Parkway, Suite 104, Atlanta, Georgia 30354. **DO NOT send** your application fees to the EPD offices. **DO NOT send** application forms and supporting documents to the Lockbox. We do apologize for this inconvenience and thank you for your prompt compliance with this request.

PAYMENT VOUCHER

Instructions for use:

After you have completed all sections of the application package for Asbestos Abatement Initial, Renewal, Agent Change or Name Change:

- Fill out the bottom section of this page and attach your check or money order for the correct amount of the application fee in the space provided.
- Make a copy of this page *with the attached check* and send it with the application and supporting documents to the EPD offices.

Send the original of this page with the check or money order attached to:

**EPD ASBESTOS FEES
POST OFFICE BOX 101173
ATLANTA, GEORGIA 30392**

DO NOT SEND THE ORIGINAL OF THIS PAGE OR THE ACTUAL CHECK TO THE EPD OFFICES.

DO NOT SEND THE APPLICATION PACKAGE AND SUPPORTING DOCUMENTS TO THE POST OFFICE BOX ADDRESS GIVEN ABOVE.

The application package, supporting documents, a copy of this page and a copy of the application fee should be sent to the EPD offices. The actual fee payment attached to the original of this page should be sent to the post office box address given above.

Application Type: Initial Renewal
Agent Change Name Change

Submitted By: _____

Company Name: _____

Check Number: _____ Check Amount: _____

STAPLE YOUR CHECK OR MONEY ORDER **HERE**

AFTER YOU ATTACH THE CHECK HERE, MAKE A COPY OF THIS PAGE TO SEND WITH YOUR APPLICATION & SUPPORTING DOCUMENTS TO:

EPD Asbestos Licenses
4244 International Parkway, Suite 104
Atlanta, Georgia 30354

Please *do not send* the actual check with your application – **this page and the actual check must be sent to Post Office Box 101173, Atlanta, Georgia 30392.**

Asbestos Contractor Company Name Change Application Form



Please remit renewal application form and supporting documents to:

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

1. Agent Information

Agent Name:		Agent's License Number:	
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

Old Company Name			
New Company Name			
Company Street Address			
Company Mailing 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

COMPANY NAME CHANGE APPLICATIONS MUST INCLUDE THE FOLLOWING:

- Copies of update training certificates for Primary Agent (if applicable)
- Copy of check or money order for \$100 and copy of payment voucher sent to Asbestos Fees Lockbox
- Completed disclosure statement (See Attached Form)
- Current/Updated SOP or completed SOP verification form
- Notary of Certification for New Company (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.

Signature of Applicant

Date

For Program Use Only

Received By:	Date Received:	Check Number:	Check Amount:
Deposit Date:	Deposit Number:		

**ASBESTOS CONTRACTOR COMPANY NAME CHANGE
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;"

New 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 and Official Title of Person Completing Form

Signature of Person Completing Form

OR

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

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

Printed Name and Official Title of Person Completing Form

Signature of Person Completing Form

COMPANY NAME CHANGE VERIFICATION OF STANDARD OPERATING PROCEDURES (SOP)

I, _____, do hereby certify under penalty of law that
(Company Owner/President)

the Standard Operating Procedures Manual (SOP) previously submitted for

_____ will be adopted and used in it's entirety and will
(Old Company Name)

become the SOP in fact for _____.
(New Company Name)

OR

Please discard the SOP previously submitted for _____
(Old Company Name)

and replace it in its entirety with the new SOP included with this Company Name Change application.

Signed (Company Owner President)

Date

**NOTARY OF CERTIFICATION FOR
COMPANY NAME CHANGE
FOR
GEORGIA ASBESTOS ABATEMENT CONTRACTOR LICENSE**

This completed form must accompany your application for company name change.

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

who formerly served as primary Agent for _____, will now serve
(Old Company Name)

as and will be authorized to act as Primary Agent for _____.
(New 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:

**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	