



NEW YORK STATE DEPARTMENT OF HEALTH
ASBESTOS TRAINING EQUIVALENCY APPLICATION

Applicant Information

Print Name _____ Home Phone Number _____
Home Address _____ Social Security Number^1 _____
_____ NYS DMV ID Number^1 _____
_____ (^1 Optional Information)

I am seeking a training equivalency determination in the following disciplines (Check all that apply):

- Asbestos Handler Inspector Project Monitor
Contractor/Supervisor Management Planner Allied Trades
Project Designer Air Sampling Technician Operations & Maintenance

Check the box below if you want your determination sent to someone other than yourself. If yes, please complete the 3rd Party Contact information below. If you want the determination sent directly to you, skip Section II and go directly to Section III.

Send Response to 3rd Party (If checked)

II. 3rd Party Contact Information

Print Name _____ Phone Number _____
Address _____ Company Name _____

III. Attestation and Notary Section

I have read the attached "Asbestos Safety Training Equivalency Guidance Document" (Page 2) and I understand that the New York State Department of Health may contact accredited training providers to review the asbestos training that I have received. I have attached all training certificates and copies of all the other state licenses/certificates that have been issued to me. I attest that I have completed training in accordance with applicable State and Federal asbestos regulations:

Signature _____ Date _____

Sworn to before me this
day of , 20

NOTARY PUBLIC



**NEW YORK STATE DEPARTMENT OF HEALTH
ASBESTOS SAFETY TRAINING EQUIVALENCY GUIDANCE DOCUMENT**

All individuals engaged in asbestos projects must be certified by the New York State Department of Labor (DOL). The DOL also requires that all work be performed by licensed contractors. Effective July 1, 2003 the DOL began using photographs provided by the New York State Department of Motor Vehicles (DMV) to process asbestos certificate applications. In order to apply for an asbestos certificate you will be required to submit your 9 digit New York State DMV driver or non-driver's identification number. For additional information contact the DOL at (518) 457-2735 or the DMV at 1-800-225-5368. You may also visit the agency Internet websites at www.labor.state.ny.us and www.nysdmv.com.

This guidance document explains the application process as required by Title 10 Part 73.10. Applicants must **demonstrate** to the New York State Department of Health (DOH) that the training completed in another State is substantially equivalent to New York State requirements. If you take training within the borders of New York State it must be DOH accredited training given by an approved New York State training provider.

The DOH periodically reviews other State training programs to evaluate the quality of training. Training taken in States that do not perform unannounced audits or have inadequate regulatory oversight will not be recognized. The DOH will not approve requests for asbestos initial *Project Monitor* or *Air Sampling Technician* to applicants that did not complete New York state accredited initial training in these disciplines.

Listed below is the information needed to apply for a determination of training equivalency. **Allow 4 to 6 weeks for the DOH to process your application.** Applicants that are approved will be issued a *New York State Department of Health Certificate of Asbestos Safety Training* (DOH-2832 form). The DOH-2832 form must be submitted with the DOL certification application. **The DOL will only accept DOH-2832 forms for certification.** If your application is approved, you will be given further instructions on how to apply to the DOL. Disapproved applicants will receive a letter which indicates why training equivalency was denied.

Equivalency application instructions are listed below. Please read carefully. Missing or incomplete information may significantly delay the processing of your request.

1. **A notarized application form** from the individual seeking equivalency that clearly describes the discipline(s) for which training equivalency is being sought. This must include your name, home address, phone number, Social Security Number¹ and your New York State Department of Motor Vehicles 9 digit driver or non-driver identification number¹. (¹*Optional Information*)
2. Proof of initial and all subsequent refresher training completion. A lapse of more than 2 years between specific training courses will result in denial of your request. You will need to complete initial training to regain your accreditation per 40 CFR Part 763.
3. A photocopy of each State issued asbestos license(s) and/or certificate(s).
4. A copy of each course completion certificate/diploma. In those instances where the state, not the training provider, issues the course completion certificate, i.e., New Jersey goldenrod, then a copy of the state issued course completion certificate must be submitted.

Approved Contractor/Supervisor and Project Designer applicants that have never successfully completed New York State training will be notified by the DOH that they must complete a New York State approved refresher course in the applicable discipline. The only proof that you have completed a New York State refresher course will be the DOH-2832 course completion certificate.

For information on approved training providers and scheduled training, please visit our web site at www.health.state.ny.us or call us at (518) 402-7940.

Please **mail** your request to the:
(**Faxed requests will not be recognized.**)

New York State Department of Health
Asbestos Safety Training Program
Flanigan Square, Room 230
547 River Street
Troy, NY 12180-2216
Attn: Equivalency Application