

**Depatman Pwoteksyon Anviwònman Vil New York**  
**(New York City Department of Environmental Protection)**  
**Biwo Konfòmite konsènan Anviwònman (Bureau of Environmental Compliance)**  
**Pwogram Kontwòl Amyant (Asbestos Control Program)**  
**59-17 Junction Boulevard, 8<sup>th</sup> floor**  
**Flushing, New York 11373-5108**

**FEYÈ ENSTRIKSYON POU SETIFIKASYON AMYANT**  
**TOUT REpons YO DWE ANN ANGLÈ**

- a) Li egzijans sètifikasyon pou moun k ap manyen amyant, moun ki limite k ap manyen amyant, sipèvizè, ak/oswa anketè ki detaye nan Tit 15, Chapit 1. Yo afiche yon kopi Règ yo (**ki anplas depi 6 janvyè 2019**) sou sitwèb Depatman an, nan <http://www.nyc.gov/html/dep/html/asbestos/asbestos.shtml>
- b) Ranpli seksyon **1 jiska 18** nan aplikasyon sa a, epi respekte egzijans pou mete siyati ou nan fen aplikasyon an. Si ou pa ranpli **TOUT** seksyon yo, sa pral fè yo refize aplikasyon ou an.
- c) Tout moun k ap aplike pou nouvo sètifikasyon ak renouvèlman sètifikasyon yo pral gen yon Nouvo Lisans Chofè ki gen foto oswa yon kat idantite ki Pa Lisans Chofè ki valid nan Eta New York. Nenpòt moun ki pa gen youn sa yo ka fè yo fè foto pou li nan nenpòt Biwo Depatman Veyikil-a-Motè Eta New York ki toupre li. Ou ka rele ‘311’ pou jwenn biwo ki pi pre a. Li *Demann yon Feyè Enstriksyon pou Imaj Foto* Depatman Veyikil-a-Motè Eta New York State (NYS DMV). Pale ak DMV pou konnen pyès idantite ki akseptab anvan w ale nan DMV pou fè foto. Rele nan telefòn oswa ale sou sitwèb la nan <http://www.dmv.ny.gov/license.htm#identification> pou konnen *Egzijans Jeneral Depatman Veyikil-a-Motè Eta New York fè pou zafè Pyès Idantite*
- d) Mete yon kopi lisans chofè NYS DMV ou an ki klè, kat idantite ki pa lisans chofè w la, oswa resi FS–6T ou resewa nan men NYS DMV nan aplikasyon ou an.  
**Remak** pou tout Moun k ap Aplike pou Renouvèlman yo: nou pa bezwen resoumèt yon kopi kat idantite Depatman Veyikil-a-Motè Eta New York ki valid si dokiman yo deja nan dosye ki nan Depatman an, sof si yo mande nou bay li.
- e) Mete kopi kat sekirite sosyal ou a, tout sètifika amyant Depatman Pwoteksyon Anviwònman Vil New York (NYC Department of Environmental Protection, DEP) ki ajou, ak/oswa tout lisans oswa sètifika eta ki ajou yo ka mande pou aplikasyon w lan.  
**Remak** pou tout Moun k ap Aplike pou Renouvèlman yo: nou pa bezwen resoumèt kopi yon kat sekirite sosyal ki valid, sètifika NYC DEP ki ajou, ak/oswa tout lisans oswa sètifika ki ajou si dokiman yo deja nan dosye ki nan Depatman an, sof si yo mande nou bay yo.
- f) Mete yon kopi sètifika fòmasyon sou sekirite nan zafè amyant Depatman Sante NYS bay (NYS DOH) (Fòm DOH2832) pou kalite sètifikasyon amyant (moun k ap manyen, moun ki limite k ap manyen, sipèvizè, oswa anketè/enspektè) ou ap aplike pou li a.  
**Remak:** fòm lan dwe **ajou** nan moman ou ap soumèt aplikasyon an.
- g) Premye aplikan yo: Mete de (2) foto paspò koulè ki menm jan ki gen fon koulè blan. Moun k ap aplike pou renouvèlman oswa moun k ap fè doub aplikasyon yo: Mete yon (1) foto paspò ki gen fon koulè blan. **Remak:** Ou **pa** dwe gen chapo, linèt ni bab nan tout figi ou nan foto a.

- h) Mete frè tretman aplikasyon obligatwa a (chèk oswa manda postal) pou yo peye nan non New York City Department of Environmental Protection. Yo p ap ranbouse frè sa a. *Al gade seksyon 1 an nan fòm aplikasyon an.*
- i) **Pou tout premye aplikan yo:**
- a. Yo pral enfòmè nou nan kourye lapòs lè ak kote pou nou vini pou yo evalye sètifikasyon an.
  - b. Ou dwe pote yon kat idantite ki gen foto ak lèt randevou w lan nan evalyasyon sètifikasyon an.
- j) Fè epi kenbe kopi tout dokiman yo anvan w soumèt aplikasyon an bay Depatman an.
- k) Voye nan kourye regilye oswa sètifye aplikasyon ki ranpli a, dokiman an(yo), ak anèks ki gen rapò ak yo nan:
- CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL PROGRAM  
59-17 JUNCTION BOULEVARD, 8<sup>TH</sup> FLOOR  
FLUSHING, NEW YORK 11373-5108**
- l) Anplis adrès postal ki anwo a, ou ka kontakte Pwogram Kontwòl Amyant lan nan (718) 595-3693, (718) 595-3695 oswa nan faks nan (718) 595-3776.
- m) DMV pral voye sètifika ou an(yo) nan adrès ki sou aplikasyon w lan.
- n) Ou ka anile konsantman ou bay NYC DEP ak NYS DMV pou yo itilize foto NYSDMV pou zafè idantifikasyon lè w voye yon kopi fòm **Anilasyon Konsantman** ki siyen epi notarye bay NYC DEP nan kourye sètifye nan adrès ki sou fòm lan. Pa remèt fòm sa a ak aplikasyon w lan.
- Remak:** Itilize fòm sa a sèlman si w vle anile konsantman ou pi devan.

**ASBESTOS CERTIFICATION APPLICATION**  
**ALL ANSWERS MUST BE IN ENGLISH**

<p>1. Certification Type:</p> <p><input type="checkbox"/> Asbestos Handler</p>	<p>Application fee: (non-refundable) \$100.00</p>	<p>2. Application Type:</p> <p><input type="checkbox"/> Initial  <input type="checkbox"/> Renewal</p> <p>Specify which certificate you are renewing #: _____</p> <p style="text-align: right;">Expiration date: _____</p>
<p>3. Social Security Number: _____ - _____ - _____</p>	<p>4. DMV Number: _____</p>	
<p>5. Last Name: _____</p>		
<p>6. First Name: _____ Middle Initial: _____</p>		
<p>7. Mailing/ Home Street Address: _____ Apt. #: _____</p>		
<p>8. City/Town: _____ State: _____ Zip Code: _____</p>		
<p>9. Home Telephone Number: (_____) _____ - _____ 10: Work Telephone Number: (_____) _____ - _____</p>		
<p>11: Birthday: ____/____/____ (Month/ Day/ Year)</p>	<p>12: Height: ____ Feet ____ Inches</p>	<p>13: Weight: ____ lbs.</p>
<p>14: Gender:  <input type="checkbox"/> Male  <input type="checkbox"/> Female</p>		
<p>15. Applicants need to provide as attachments to this form:</p> <p><input type="checkbox"/> Passport photo (2 for initial, 1 for renewal)  <input type="checkbox"/> Copy of NYS DMV ID or License (initial only)  <input type="checkbox"/> Copy of Social Security Card (initial only)  <input type="checkbox"/> NYS DOH Form 2832 Proof of Training (all applicants)</p>	<p>15a. Email Address:          _____</p>	
<p>16. Name of Current Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____ Start Date of Employment: _____</p>		
<p>17. <b>MANDATORY SECTION:</b> for all applicants:</p> <ul style="list-style-type: none"> <li>• Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime related to asbestos or occupational safety or health (felony or misdemeanor) in any court?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded, or otherwise disciplined you?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Are criminal charges related to asbestos or occupational safety or health pending against you in any court?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• Are charges pending against you in any jurisdiction for any sort of professional misconduct?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul>		

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18. I, \_\_\_\_\_ (print name), the undersigned, authorize the New York City Department of Environmental Protection (NYCDEP) to request that the Department of Motor Vehicles (DMV) of the State of New York produce an ID card bearing my DMV photo subject to compliance with the identification requirements of the DMV. I understand the DMV will send the ID card to the address specified in my DEP application form. I also understand that DEP and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the NYCDEP.

I certify that all statements on this application, including appendices and other documents I have submitted are true and complete to the best of my knowledge. I understand that false or misleading statements shall be sufficient cause for disqualification, suspension, or revocation of an asbestos certificate used under the application.

Lastly, I acknowledge that lost certificates must be immediately reported and that failure to report a lost or stolen certificate may result in a fine or other punitive action.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Note: failure to complete all sections will result in rejection of application.**