

**New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373**

Application for Asbestos Handler/Supervisor

Appendix C

Experience

Applicant Name: _____ Social Security Number: ____ - ____ - _____

Please list in chronological order (starting with the most recent) your employment history directly related to asbestos abatement and related remediation projects and experience. Attach additional sheets if necessary.

Company Name	Employment Period From _____ to _____
Company Address	Title
City _____ State _____ Zip _____	Telephone Number
Describe Specific Duties (include percentage of time devoted to actual abatement)	

Company Name	Employment Period From _____ to _____
Company Address	Title
City _____ State _____ Zip _____	Telephone Number
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