State of New Hampshire
Department of Environmental Services
Asbestos Management And Control Program

Application for DUPLICATE/Solicitud de DUPLICADO

Please complete all sections of the application by printing or typing the required information, and signing the application.

1. Type of duplicate/ Tipo de duplicado:

- ☐ Asbestos Abatement Worker
- ☐ Asbestos Abatement Supervisor
- ☐ Asbestos Inspector
- ☐ Asbestos Management Planner
- ☐ Asbestos Project Designer
- ☐ ADS Worker or Worker-in-Training

2. Applicant / Solicitante:

Name / Nombre:_____ _____ _____

(last) (apellido) (first) (nombre) (segundo nombre)

Date of Birth / Fecha de nacimiento: _____

Certificate Number / Número de certificado: _____

Mail Certificate to / Enviar el certificado: _____

_____

4. Photo / Uno Fotografia

5. Reason for Needing Duplicate / Razone para Necesitar Duplicado:

Signature / Firma:_____ **Date / Fecha**: _____

Application Fee / Cuota de la aplicación: $20.00 each

Please send completed application to:

NH DES Attn: Asbestos Licensing Program
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095

For Oficial Use Only:

Application Received:_____ Application Fee Received:_____ Photo Received:_____
Certificate Distributed:_____