DOSH Asbestos Contractor Applie	cation Contract Form
□ Asbestos Contractor	
Original Application \$3000.00	□ Renewal Application \$2500.00
Company	CSLB #
Street Address	
City, State, Zipcode	
Telephone	Fax
E-mail	We will send the book to this address
Who is the Manager Responsible fo	or the Asbestos Operations – the License Qualifier?
	Full Name
What is their Title?	
	Official Title
Who is responsible for assigning res	spirators and determining the type of respirator to use?
	Full Name
Enclose a copy of the Pocket Licens Enclose A check (See above for am	se for the Company (both sides).
Dan Napier, CIH 2520 Artesia Boulevard Redondo Beach, CA 90278-3210	

When the check is received along with the signed <u>Terms & Conditions Document</u>, I will start your application. I will send the application in a binder to you for your completion. After you have completed the items on the checklist send the binder back to me, I will check it one last time and send it to DOSH. In the event that DOSH requires any changes to the SOP (Part V) prior to your approval, I will make those changes and provide you with electronic copies for no additional cost to you. I will continue working with DOSH until your application has been approved or you abandon it. See important time limits in what <u>I do</u> for you.

Questions Call (800)644-1924 X 103 or email dan@cihcsp.com

Fax (310) 406-1939