DOSH Asbestos Contractor Applie	cation Contract Form
☐ Asbestos Contractor	□ Roofing (Bituminous Roofing Products only)
□ Original Application \$3500.00	
□ Spanish SOP \$2000.00	□ Roster Service \$ 400.00 Annual Fee
Company	CSLB
Street Address	
City, State, Zipcode	
Telephone	Fax
E-mail	We will send the book to the address listed here
Who will be the person in charge of	f the Asbestos Operations -the License Qualifier?
	Full Name
What is their Title?	
	Official Title
Who is responsible for assigning re	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	
Mail the check and license to:	
DNA Industrial Hygiene	
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 with a checklist. After you have completed the items on the checklist send the Application back to me, I will check 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 an electronic copy for no additional cost to you. I will continue working with you until your application has been approved by DOSH or you abandon it. See important time limits in what I do for you.

Questions Call (800)644-1924 X 103 Fax (310)937-8642 or email dan@cihcsp.com