



Application for Asbestos Instructor Approval

This form will be used by any individual seeking approval as an instructor for any asbestos course discipline regulated by SCDHEC under Asbestos Regulation 61-86.1, Section XIX.E. A completed application shall consist of Parts I-IX of this application form and all requested documentation. Any item not submitted shall constitute an incomplete application and the application will be returned without being processed.

PART I. PERSONAL DATA:

Last Name First Name Middle SSN:

Name and Address of Training Provider

Mailing Address City State Zip

Telephone Number

PART II.

1. Asbestos Training Course Discipline and Type:

- | | |
|---------------------------------------|---|
| _____ Initial AHERA Worker | _____ Refresher AHERA Worker |
| _____ Initial Contractor/Supervisor | _____ Refresher Contractor/Supervisor |
| _____ Initial Building Inspector | _____ Refresher Building Inspector |
| _____ Initial Management Planner | _____ Refresher Management Planner |
| _____ Initial Project Designer | _____ Refresher Project Designer |
| _____ Initial Operation & Maintenance | _____ Refresher Operation & Maintenance |

2. **Training Course Topics to be taught by applicant:** _____ **All topics**
 _____ **Work Practice Topics** _____ **Non-work Practice Topics** _____ **Hands-On Activities**
 _____ **Other (Specify)** _____

3. **Language(s) Instructor Fluent in:** _____ **English** _____ **Spanish** _____ **Other** _____

[Type text]

PART III. EDUCATION: List in chronological order beginning with high school. Include GED if applicable. For each high school, College, Technical School, and/or University attended please provide the following information.

Name & Location	Dates Attended	Graduated? Yes/No	Degree Received	Major/Minor

PART IV. TRAINING:

List relevant training completed which would qualify you to instruct the topics listed in PART II (e.g. asbestos identification, health effects, State-of-the-art work practices). Attach a clear legible photocopy of each training certificate. Attach additional sheet(s) if necessary.

Title of Course	Date(s) Attended	Location City/State	-	Training Provider	Initial/Refresher

PART V. RELEVANT EMPLOYMENT HISTORY

List asbestos projects that document work hours within a contained work area, or list topics and/or courses taught to document hours of teaching experience. You may wish to refer to R.61-86.1, Section XV.E., Initial and Refresher Instructor Qualifications to complete this section.

Project or Course

Company

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

Describe major duties and responsibilities or topics/courses taught:

[Type text]

Project or Course

Company

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

Describe major duties and responsibilities or topics/courses taught:

Project or Course

Company

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

Describe major duties and responsibilities or topics/courses taught:

Project or Course

Company

Address/Location

Supervisor

Telephone

[Type text]

Dates: (From) (To) Hours

Describe major duties and responsibilities or topics/courses taught:

PART VI. STATE ISSUED ASBESTOS ACCREDITATION OR LICENSES

List those currently held and submit a legible copy of each.

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

PART VII. PROFESSIONAL REGISTRATIONS

List field(s) of work for which you have been registered, and submit a legible copy of each.

Registration: _____ State _____ Number _____

Registration: _____ State _____ Number _____

Registration: _____ State _____ Number _____

Registration: _____ State _____ Number _____

[Type text]

PART VIII. SUBMITTALS TO EPA OR OTHER STATES

List the EPA Region(s) or State(s) that you have previously submitted your asbestos instructor qualifications, and specify which disciplines and/or topics you sought instructor approval. Please provide a legible copy of each approval letter for all course disciplines in which you have been approval.

EPA Region/State: _____ Discipline _____ Topic: _____

EPA Region/State: _____ Discipline _____ Topic: _____

EPA Region/State: _____ Discipline _____ Topic: _____

EPA Region/State: _____ Discipline _____ Topic: _____

PART IX. CERTIFICATION

I certify that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.

Printed Name of Instructor Telephone Number

Signature of Instructor Date Signed

Please submit completed application to:

South Carolina Department of Health and Environmental Control
Bureau of Air Quality
Asbestos Section
2600 Bull Street
Columbia, SC 29201

AN INCOMPLETE APPLICATION WILL BE RETURNED