

Oklahoma Department of Labor



Mark Costello
COMMISSIONER OF LABOR

ASBESTOS MANAGEMENT PLANNER APPLICATION

NEW
 RENEWAL
 LICENSE #

1. Applicant's Name			
2. Home Address			
3. City	4. State	5. Zip	
6. Date of Birth	7. Social Security Number	8. Phone	
8. Hair Color	9. Eye Color	10. Weight	11. Height
12. Doing Business as:			
13. At The Address of:			
14. City	15. State	16. Zip	
17. Company Phone		18. Company Contact Person	

FOR OFFICE USE ONLY				
Date	DEO	Receipt No.	License No.	Asbestos Admin Approval/Date
Type of Payment	1 2 3	#	Endorser	

Do you currently hold any other Oklahoma Asbestos Licenses? YES NO

If yes, please indicate the type of license and the license number:

CHECK TYPE LICENSE		LICENSE NUMBER
	Supervisor	
	Mgmt. Planner	

CHECK TYPE LICENSE		LICENSE NUMBER
	Inspector	
	Project Designer	

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

1. A copy of your current drivers license or state issued photo identification card.
2. Copy(s) of current refresher training class*
3. Provide social security card, birth certificate, valid unexpired passport, or W-2 form.

NEW APPLICANTS MUST ALSO SUBMIT THE FOLLOWING, IN PERSON:

1. Copies of Original AHERA Inspector/Management Planner training class and all subsequent refresher courses.*
2. Provide current drivers license or state issued photo identification card.
3. Provide social security card, birth certificate, valid unexpired passport, or W-2 form.
4. Affidavit regarding citizenship.

NEW APPLICANTS MUST ALSO SUBMIT THE FOLLOWING:

1. Copies of Official Transcript of technical diploma/degree (see NOTE below)
OR
Degree of Equivalence application (see NOTE below)

NOTE: If applicant does not have a technical degree/diploma, please fill out a Degree of Equivalence application form and submit it with this application for approval.

*** Training must have been provided by an educational institution, government agency or labor union and must have been accredited by the U.S. Environmental Protection Agency.**

Education Information

List schools attended and applicable training received. Provide additional information on a separate sheet if necessary.

High School (submit copy of GED if appropriate)		Name _____		Year of Graduation _____		
		City _____		State _____		
College or University	Location (City/State)	From: Mo/Yr	To: Mo/Yr	Diploma or Degree	Major Subjects	Total Credit Hrs

