



**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT**

**Bureau of Air  
Asbestos Control Section  
1000 SW Jackson, Suite 310  
Topeka, Kansas 66612-1366  
(785) 296-6024**

Business Number  
**OA#**  
  
For Office Use Only

**BUSINESS LICENSE APPLICATION FORM**

**GENERAL INSTRUCTIONS:**

Firms desiring a license to carry out asbestos control work in Kansas must provide all of the information requested in this application in order to comply with the requirements of state law (K.S.A. 65-5301 et. seq.) and departmental regulations (K.A.R. 28-50-1 et. seq.). Any failure to complete the form, sign the authentication statement, or submit the required \$1,000.00 licensing fee (i.e. by check or money order made payable to the Kansas Department of Health and Environment) will delay issuance of the approval. Completed applications will normally be processed within 15 days of receipt.

When a sub-part of this application indicates that a separate sheet is to be used to provide the requested information, it is to be provided on the supplemental forms (or reproductions) that are attached.

Completed application forms are to be mailed to the Asbestos Control Section at the above address.

**AUTHENTICATION**

**PART A**

**NOTE:** The following statement must be signed by the chief administrator of the firm or a designee of the administrator. If a designee signs, then a letter from the administrator must accompany the license acknowledging the designee.

I hereby certify that the information included in this application and any supplemental information attached to it is true to the best of my knowledge and understanding.

I further certify that I understand that any license issued pursuant to this application may be denied, revoked, or suspended for failure to comply with any work practice, or other equipment established under state law.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print or Type Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Name of Firm** \_\_\_\_\_

**If applying for renewal of a valid license, please identify the firm's license number:**

**#OA**\_\_\_\_\_.

**GENERAL INFORMATION**

**PART B**

1. **Name of Firm:** \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_

Street / PO Box

\_\_\_\_\_

City

State

Zip Code

3. **Phone Number:** \_\_ (\_\_\_\_) \_\_\_\_\_ **Fax Number:** \_\_ (\_\_\_\_) \_\_\_\_\_

4. Describe all types of asbestos related work conducted by the firm:

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF EMPLOYEES**

**PART C**

1. List names, Social Security Numbers, certification card numbers and expiration dates, (if applicable) of firm officers and/or employees that possess a valid Class II asbestos supervisor/worker certificate and will be responsible for direct supervision of asbestos removal or encapsulation projects (use supplemental page as necessary):

Name	Social Security Number	Certification Card No. and Expiration Date (if applicable)
------	------------------------	--

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Indicate if the company will assure that only workers who possess a valid Kansas asbestos worker certificate will be allowed to work on asbestos removal or encapsulation projects.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**PART D**

1. Indicate the name of the person responsible for the firm’s respirator protection program:  
  
\_\_\_\_\_
  
2. Attach supplemental pages to this application that describe the policies and procedures that the firm will follow in regard to the following respirator protection program activities\*:
  - (a) Designating the type of respirators that are to be worn during various stages of an asbestos control project.
  - (b) Performing respirator fit tests of employees and instructing them how to check for proper adjustment of respirators when they are worn.
  - (c) Identifying and handling special respirator use problems such as wearing corrective glasses, facial hair, unusual facial structure, medical and psychological problems.
  - (d) Storing respirators and issuing them to employees.
  - (e) Cleaning and sanitizing respirators.
  - (f) Inspecting and repairing respirators.
  - (g) Identifying (and correcting) any general problems that interfere with the proper use and care of respirators by employees.
  
2. If Type “C” respirator systems are used, attach a supplemental page to this application that describes the safety devices and special air purification equipment that are used with the compressor, and the special operating procedures that are followed to assure that an adequate and safe air supply is provided to the workers.
  
3. Indicate if firm provides or makes medical examinations available to all employees that work with asbestos in accordance with OSHA or EPA work protection regulations.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\*Federal occupational safety and health requirements presently require that these programs comply with procedures established by 29 CFR 1910.134(b), (d), (e), and (f) and 29 CFR 1926.1101(h).

**REQUIRED EQUIPMENT**

**PART E**

1. Attach supplemental pages\* to this application that provide the following information:

- (a) The quantity, manufacturer, type (model number), capacity, and serial number of HEPA filter equipped ventilation fans owned by the firm.
- (b) The quantity, manufacturer, type (model number), capacity and serial number of HEPA filter equipped portable vacuum cleaning devices owned by the firm.
- (c) The quantity, manufacturer, type (model number), capacity, and serial number of Type C respirator system air compressors and air purifier systems owned by the firm and the quantity, manufacturer, and approval number (TC-XX-XXX) of masks, regulators, and hoses owned by the firm that are intended for use with each compressor.
- (d) The quantity, manufacturer, and approval number (TC-21C-XXX) of negative pressure air purifying respirators owned by the firm and the quantity and types of cartridges normally maintained in inventory for use with them.
- (e) The quantity, manufacturer, and approval number (TC-21C-XXX) of the powered air purifying respirators owned by the firm and the quantity and types of cartridges normally maintained in inventory for use with them.

- 2. If the firm does not own equipment items listed in Subsection 1, attach a supplemental page describing why the firm does not consider ownership of them necessary in order to comply with these regulations.
- 3. Describe the types of protective clothing that are providing to workers at an asbestos control project and the frequency at which they are replaced during the project.

---

---

---

---

---

\*Also include copies of manufacturer's literature that describes item, if possible.

## WORK PRACTICES

### PART F

1. Review the work practices prescribed by the following referenced subsections of the Kansas asbestos control regulations before completing the following statement. If you indicate that you do not intend to comply with the regulatory requirements, attach supplemental pages to this application that identify those requirements that you do not intend to meet, the reason for this decision, and substitute procedure that you propose to use.

The applicant (will/will not) \_\_\_\_\_ comply with all work practice requirements prescribed by the following listed regulation subsections, unless they have been waived for individual projects as provided for in the regulations:

Containment Procedures: Regulation 28-50-9, Subsections (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (a)(12); and Regulation 28-50-10, Subsections (b)(1), (b)(2), (b)(3), (b)(4).

Removal Procedures: Regulation 28-50-9, Subsection (a)(6).

Encapsulation Procedures: Regulation 28-50-10, Subsections (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (b)(6).

Cleanup Procedures: Regulation 28-50-9, Subsections (a)(7), (a)(8), (a)(9), (a)(10), (a)(11) and Regulation 28-50-10, Subsections (b)(7), (b)(8), (b)(9)

Waste Disposal Procedures: Regulation 28-50-14, all subsections.

2. Indicate the names and locations of approved Kansas waste disposal sites that the firm has contacted and which have agreed to accept asbestos containing wastes that are generated by the firm, in case no alternate approved waste disposal can be located in the area where a project is carried out.

Name \_\_\_\_\_

Location \_\_\_\_\_

3. Attach a supplement page to this application that describes the personal monitoring procedures that will be followed by the firm to comply with OSHA or EPA worker protection regulations. Also indicate the name and address of persons or firms that will perform the sampling and analyze the samples.
4. Indicate if the firm routinely conducts any other environmental air sampling at a control project work site. \_\_\_\_\_ Yes \_\_\_\_\_ No
5. If the answer to question #4 is yes, use a supplemental page to provide the same type of information that was provided for question #3.

## **SUPPLEMENTAL INFORMATION FORM**

Complete a separate form for each sub-part and indicate the sub-part number (example, D.2(a)) in the space indicated. Also consecutively number each additional page at the bottom starting with number 6.

Sub-part Number \_\_\_\_\_