



**Government of
Newfoundland and Labrador**
Service NL
**Occupational Health and Safety
Division**

**ASBESTOS CONTRACTOR
REGISTRATION APPLICATION**

Applicant Information

Organization	
Location Address	
City / Town	Postal Code
Telephone	Facsimile
E-mail	
Mailing Address (if different)	
City / Town	Postal Code

Contact Person

Name	
Title	
Address	
City / Town	Postal Code
Telephone	
Facsimile	
Cellular	

Policy and Program

In order to complete this application process a copy of your company's respiratory protection program compliant with CSAZ94-4-02 and safety policy (less than 10 employees) or program must be included with this application.

Equipment

Provide documentation of equipment owned by the applicant. Include information on the number of HEPA-filtered vacuum cleaners, HEPA-filtered portable ventilation systems, glove bags and other equipment necessary for asbestos abatement work (attach additional pages, if necessary).

Personnel Training

List each asbestos site supervisor and asbestos worker presently employed and include a copy of the initial training certificate and subsequent refresher training certificates issued by an asbestos training course provider (attach additional pages, if necessary).

Name	Course Title	Dates / Duration	Provider (including address)
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Required Enclosures

1. All applications must include:

- Copies of Training Certificates
- Copy of Respiratory Protection Program
- Copy of Safety Policy/Program

Affidavit

Falsifying, or knowing omission of any material required as part of this application is grounds for application refusal and / or registration suspension or revocation. I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this application, and all attached documents, and that the submitted information is true, accurate, and complete.

Signature of Company Owner / President

Dates

Office Use Only

Date Received

Received By

Recommended Approval

Application

This application may be delivered to the Occupational Health and Safety Division or mailed to the following address.

Occupational Health and Safety Division
Service NL
15 Dundee Avenue
Mount Pearl, NL
A1N 4R6



Mount Pearl
Telephone: (709) 729-2706
Facsimile: (709) 729-3445

Corner Brook
Telephone: (709) 637-2946
Facsimile: (709) 637-2928

Grand Falls - Windsor
Telephone: (709) 292-4400
Facsimile: (709) 292-4430

Wabush
Telephone: (709) 282-3679
Facsimile: (709) 282-2688