

Division of Public Health - Licensure Unit  
 PO Box 94986 - Lincoln, NE 68509-4986  
 Phone: 402-471-2299

**APPLICATION FOR INITIAL & LIMITED  
 ASBESTOS  
 OCCUPATION LICENSURE**

**LICENSE FEES Waiver:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license fee **is waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**B. Fee Required if YOU DO NOT qualify for one of the fee waivers:**

**Check below the type of license you are applying for:**

- |                                     |          |  |          |  |          |   |          |
|-------------------------------------|----------|--|----------|--|----------|---|----------|
| <input type="checkbox"/> Worker     | \$110.00 | <input type="checkbox"/> Inspector       | \$200.00 | <input type="checkbox"/> Project Designer    | \$200.00 | <input type="checkbox"/> Limited Project Designer   | \$200.00 |
| <input type="checkbox"/> Supervisor | \$200.00 | <input type="checkbox"/> Project Monitor | \$200.00 | <input type="checkbox"/> Management Planner* | \$300.00 | <input type="checkbox"/> Limited Management Planner | \$300.00 |
- \*Includes licensure as an Inspector

**Pay by check or money order to: Licensure Unit**

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

- Proof that you are at least 19 years old.** Include with your application a copy of your driver's license, state identification card, birth certificate, or other acceptable government-issued identification.
- Proof of US Citizenship or lawful presence in the United States.**
  - **U.S. Citizens-** a **PHOTOCOPY** of one of the following:
    - Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted);
    - U.S. Passport (unexpired or expired);
    - Certificate of Naturalization; or
    - Other documents that show U.S. Citizenship.
  - **NOT a U.S. Citizen,** a **PHOTOCOPY** of one of the following:
    - Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
    - Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
    - Employment Authorization Card **AND**
      - An approved deferred action status (DACA);
      - A pending application for asylum in the United States;
      - A pending or approved application for temporary protected status in the United States; or

- A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

□ **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

This Application Can Be Completed Electronically, but Must Be Printed To Be Signed By the Applicant and the MD or DO

**SECTION A – Personal Information – This section is public information and will be displayed on the INTERNET <https://www.dhhs.ne.gov/lookup> Note: All mailings from this office will be sent to the address you indicate below. If your address changes, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (AKA):	
2	Present Address	Street/Box/Route:		
		City:	State or County:	Zip:

**Additional Information Requested – This information is not displayed on the internet**

3	Date of Birth – Month/Day/Year:	Place of Birth – City/State or County:	
4	Check the appropriate box, and provide a number:	<input type="checkbox"/> Social Security Number (SSN);	SSN#:
		<input type="checkbox"/> Alien Registration Number (A#)	A#:
If you have both a SS# and an A# you must report both. Neb. Rev. Stat §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.			
5	Phone Number:	E-Mail Address:	Present Employer:
6	Employer's Phone Number:	Fax Number:	Employer's Address – City/State/Zip Code:
7	Please indicate where you would like your renewal sent: <input type="checkbox"/> Home <input type="checkbox"/> Employer		
* phone number and e-mail is optional, but providing this information will speed up communication with you			
8	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		

**An individual who practices prior to issuance of a license is subject to assessment of an administrative penalty in the amount of \$10.00 per day, not to exceed a total of \$1,000 as provided in the statutes and regulations governing the credential.**

9	Check the appropriate box:	<input type="checkbox"/> I <b>have not</b> practiced in the <b>asbestos occupation that I am CURRENTLY applying for</b> in Nebraska before submitting this application. <input type="checkbox"/> I <b>have</b> practiced in the <b>asbestos occupation that I am CURRENTLY applying for</b> in Nebraska before submitting this application. Number of days practiced: _____ Location of practice: _____
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**SECTION B – Submission Requirements**

1	All applicants must have taken a Department or EPA approved training in the appropriate occupation within the preceding 12 months and passed with at least a 70% or have successfully completed approved annual review training since initial training. Once licensed, an individual, must successfully complete approved annual review courses as required by 178 NAC 22-008.07 to remain current in training requirements throughout the term of his/her license.
<b>Note: An individual who fails to complete a review course for a period of one year or longer from the expiration date of any previous course must retake the initial training course.</b>	
2	This application is based on: <input type="checkbox"/> Nebraska-approved training <input type="checkbox"/> EPA-approved training
3	All applicants must have taken Nebraska Law, Rules and Regulations training as a separate course or in conjunction with training in the appropriate occupation within the preceding 12 months and passed with at least a 70%. Once licensed, an individual must successfully complete approved annual review courses as required by 178 NAC 22-008.08 to remain current in training requirements throughout the term of his/her license.
4	All applicants must attach <b>ORIGINAL</b> initial and subsequent refresher certificates of asbestos training and Nebraska Law, Rules and Regulations training. The certificates must indicate name and address of training course provider. If the address is not listed, the applicant may write in the address of the training course provider. Note: Training certificates will be returned.

5	Name and address of Training Provider:
6	All applicants other than an asbestos limited project designer or limited asbestos management planner must obtain a physical examination and physician statement that the licensee is physically capable of working while wearing a respirator within the preceding 12 months. Once licensed, an individual must have an annual physical examination and physician statement as required by 178 NAC 22-004.02A, item 4 to remain current in medical requirements throughout the term of his/her license.
7	All applicants must attach the <b>ORIGINAL</b> completed Physician's Certification with an original signature of the physician ( <b>MD or DO</b> ). <b>No copies of the signature will be accepted; Form 4 is included below.</b>

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**The following questions relate to a credential that you hold, or have held, in health services, health-related services, or environmental services in Nebraska or another jurisdiction.**

		Yes	No			
1	Are you credentialed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of credential action:	Date of action:	Name of entity taking action:
3	Have you had any disciplinary action(s) taken against your credential in the State of Nebraska? Yes <input type="checkbox"/> No <input type="checkbox"/>					
4	Have you practiced your profession after the expiration of your credential, training, or physical? Yes <input type="checkbox"/> No <input type="checkbox"/>					
5	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If you answered yes to questions 2-6, you must send the following documents directly to this office:

- Certification of your credential in another state
- Official documents from the State in which the disciplinary action was taken

**SECTION C- Conviction Information**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

**CONVICTION INFORMATION:** You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** a complete list

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• MIP/ Tobacco Use by Minor</li><li>• DUI / DWI</li><li>• Controlled Substance</li><li>• Open Container</li><li>• Shoplifting / Theft / Burglary</li><li>• Unauthorized use of a Financial Transaction</li><li>• Disturbing the Peace</li><li>• Assault / Prostitution</li><li>• Disorderly Conduct / Disorderly House</li><li>• Reckless Driving</li></ul> | <ul style="list-style-type: none"><li>• Driving under Suspension / Revocation</li><li>• License Vehicle without Liability Insurance</li><li>• Fail to Appear in Court</li><li>• False Information or Reporting</li><li>• Leave the Scene of an Accident</li><li>• Operator not Carrying License</li><li>• Unlawful Display of Plates/Renewal tabs</li><li>• Park Rule Violation / Curfew Violation</li><li>• Dog at Large / Fail to Vaccinate Animal</li><li>• Littering / Fireworks / Bad Check</li></ul> |
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**Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

**I attest that:**

- I am a citizen of the United States; **OR**
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc. **OR**
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**I further attest that:**

1. I have read the renewal application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

**We do not print and mail a license card. To print a copy of your license visit the following website:**

<https://dhhs.ne.gov/lookup>

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ASBESTOS PROGRAM**

**ASBESTOS OCCUPATION  
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6310 pertaining to the State certification of an individual for an asbestos occupation. The statute provides that individuals may not be certified unless they have “been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator”.

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**PHYSICIAN'S CERTIFICATION**

Name of Individual Examined: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address of Individual: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

- Is physically capable of working while wearing a respirator
- Is not physically capable of working while wearing a respirator

Name of Examining Physician: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Jurisdiction Issuing License: \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_

(Signature must be from **MD or DO only**; no copies will be accepted.)

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_