



RI Department of Health  
3 Capitol Hill, Room 104  
Providence, RI 02908-5097  
[www.health.ri.gov](http://www.health.ri.gov)

# RI Department of Health

## Application and Instructions for:

Asbestos Analytical Services

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM  
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health  
Office of Health Professionals Regulation  
Room 104 - 3 Capitol Hill  
Providence, RI 02908-5097

<b>Asbestos Analytical Services Requested:</b> (check which services you will be performing)	A. <input type="checkbox"/> Analysis of Bulk Samples for Type and Percentage of Asbestos via Polarized Light Microscopy ( <b>PLM</b> ). B. <input type="checkbox"/> Analysis of Air Samples for Asbestos via Phase Contrast Microscopy ( <b>PCM</b> ) C. <input type="checkbox"/> Analysis of Bulk/Air Samples for Asbestos via Transmission Electron Microscopy ( <b>TEM</b> )
	<b>Fee(s) for A, B, or C above = \$400.00 (\$100.00 Application Fee and \$300.00 Certification Fee)</b>
	A & B <input type="checkbox"/> <b>PLM</b> (Bulk Samples) & <b>PCM</b> (Air Samples)
	<b>Fee(s) for A and B Combined = \$400.00 (\$100.00 Application Fee and \$300.00 Certification Fee)</b>
	A, B & C <input type="checkbox"/> <b>PLM</b> (Bulk Samples) - <b>PCM</b> (Air Samples) & <b>TEM</b> (Bulk/Air Samples)
	<b>Fee(s) for A, B and C Combined = \$570.00 (\$100.00 Application Fee and \$470.00 Certification Fee)</b>
<b>Required Attachments:</b>  <b>If choosing A &amp; B above attach evidence of both PLM and PCM accreditations.</b>  <b>If choosing A, B &amp; C above attach evidence of PLM, PCM and TEM accreditations.</b>	A. PLM – (Bulk Samples) Attach evidence that the applicant’s laboratory facility is currently accredited for Polarized Light Microscopy (PLM) in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NCLAP) of the National Institute of Standards and Technology (NIST).
	B. PCM – (Air Samples) Attach evidence that the National Institute for Occupational Safety and Health has rated the applicant’s laboratory facility as “Proficient (P)” in the Proficiency Analytical Testing (PAT) program’s most recent round for asbestos evaluation.
	C. TEM – (Bulk/Air) Attach evidence that the applicant’s laboratory facility is currently accredited for TEM in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology (NIST).
	Attach Quality Control Procedures for the analysis of asbestos samples, if applicable.
<b>Employees Performing Asbestos Analysis:</b>	Attach a copy of certificate(s) indicating successful completion of formal training required by Paragraph D.3.2(a) (6) (i) [PLM/PCM] and/or Paragraph D.3.2 (a) (9) (i) [TEM]. Alternatively, a properly documented and signed Form ASB-11L (3/92) may be used as successful completion of in-house training pursuant to Paragraph D.3.2 (a) (6) (ii) [PLM/PCM] and /or Paragraph D.3.2 (a) (9) (ii) [TEM].

Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health’s’ license verification site:  
<https://healthri.mylicense.com/Verification>

## State of Rhode Island and Providence Plantations Department of Health

<p><b>Name of Business:</b></p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p><b>Laboratory Director:</b></p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr/Mrs/Dr.)</td> <td style="text-align: center; width: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 5%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)				
Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)						
<p><b>Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p><b>Location Information:</b></p> <p>Please provide the location information regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p><b>Ownership Type:</b></p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<input type="checkbox"/> Partner									
<p><b>Ownership Information:</b></p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

<p><b>Ownership Address Information:</b></p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zipcode _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p><b>Employees Performing Asbestos Analysis:</b></p> <p>Please provide the name, title and dates of employment for each prospective asbestos analyst. (See instructions for required documents)</p>	<p>Name: _____ Title: _____</p> <p>Dates of Employment: From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name: _____ Title: _____</p> <p>Dates of Employment: From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>(Attaching a list of this information is acceptable – Please label it Employees Performing Asbestos Analysis)</b></p>
<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p>If yes, please attach details.</p>	<p>Has any federal, state or local jurisdiction ever revoked or suspended your license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
<p><b>SSN/FEIN:</b></p> <p>(Social Security Number/Federal Employer Identification Number)</p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island. I further declare that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____ <b>Signature</b></p> <p>_____ <b>Date of Signature (MM/DD/YY)</b></p>