



**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 in accordance with the most recent CSA Standard "Selection, Use & Care of Respirators" 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:	<p style="margin-left: 40px;">Copies of Training Certificates</p> <p style="margin-left: 40px;">Copy of Respiratory Protection Program</p> <p style="margin-left: 40px;">Copy of Safety Policy/Program</p>
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### Affidavit

<b>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.</b>	
Signature of Company Owner / President	Dates

### Office Use Only

Date Received	Received By	Recommended Approval
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### Application

<p>This application may be delivered to the Occupational Health and Safety Division or mailed to the following address.</p> <p>Occupational Health and Safety Division Service NL 28 Pippy Place St. John's , NL A1B 3X4</p>
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St. John's  
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