



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

## **APPLICATION FOR INITIAL REGISTRATION FOR ASBESTOS-RELATED WORK**

Thank you for your interest in becoming a registered with the Division of Occupation Safety and Health for asbestos-related work. The following application package includes all the instructions and forms you will need to become registered. You have an obligation to understand which forms are applicable to your business/entity type as well as knowing which supporting documents you must provide. Additionally, you may be required to obtain a license through the California State Licensing Board (CSLB). The CSLB licensing process is separate from becoming registered with DOSH, but both must be completed simultaneously.

### **ATTACHMENTS**

- Asbestos Registration Application Instructions – 13 pages
- Application Checklist – 2 pages
- Application (ACRU Form 186a) – 4 pages
- Additional California Business Addresses (ACRU Form 192) – 1 page
- Related Entities (ACRU Form 186c) – 1 page
- Assurances of the Supervisor (ACRU Form 186d) – 1 page
- Initial Compliance Report (ACRU Form 186e) – 1 page
- Employers Trust Account (ACRU Form 189) – 1 page
- Roster of Personnel (ACRU Form 188) – 2 pages
- Instructions & Checklist for the Preparation of Policies and Procedures for Asbestos-Related Work – 21 pages
- Temporary Worksite Notification for Asbestos-Related Work (Form 183b) – 1 page
- Statement of Citizenship, Alienage, and Immigration Status (Form Cal/OSHA-W-1) – 6 pages
- Change of Status (ACRU Form 190) – 2 pages

### **RESOURCES:**

- Cal/OSHA Enforcement Offices: [www.dir.ca.gov/dosh/DistrictOffices.htm](http://www.dir.ca.gov/dosh/DistrictOffices.htm)
- Cal/OSHA Approved Training Provider List: <https://www.dir.ca.gov/dosh/AsbestosTraining.html>

**BE SURE TO READ THE INSTRUCTIONS BEFORE  
FILLING OUT THE APPLICATION AND OTHER FORMS**

**Additional information can be obtained at [www.dir.ca.gov/DOSH/ACRU/ACRUhome.htm](http://www.dir.ca.gov/DOSH/ACRU/ACRUhome.htm)**

# DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (DOSH)

## ASBESTOS REGISTRATION APPLICATION INSTRUCTIONS

**NOTE:** California Labor Code Section 6501.5 includes the following statement:

***“An application for registration shall contain such information and attachments, given under penalty of perjury, as the Division may deem necessary to evaluate the safety and health of the proposed employment or place of employment.”***

### **Completing the Application Forms**

Follow the instructions carefully. Submit all documents and information as attachments in the same order as on the application (Form 186a), and subsequent forms as well as supporting documents to each form as necessary.

### **Developing the Policies and Procedures for Asbestos-related Work**

The Policies and Procedures for Asbestos-related Work (P&P) checklist is provided to guide you as to the level of detail required when performing asbestos-related work. Once you have developed your P&P, identify the location of each item requested in the checklist by including the page number and paragraph. The checklist is formatted by sections and subsections. You are encouraged to use this same framework for your P&P if desired.

You will be assigned a registration number once you successfully complete the application process. As such, any place on the forms asking for a registration number have been filled in as “Initial – N/A”.

➔ **The CSLB licensee must initial each page in the lower right corner of the application form ACRU 186a.**

### **Paying the Fee**

The initial application fee is \$350. Public entities are exempt from the registration fee. Send a check or money order payable to the Asbestos and Carcinogen Unit. If the check is returned for insufficient funds, we will cease processing the application until replacement funds are received. We cannot begin processing an application until the fee is paid.

### **Submitting the Completed Application**

Send both the hard copy and an electronic copy in Portable Document Format (PDF) via email at [acru@dir.ca.gov](mailto:acru@dir.ca.gov) or on a thumb/flash drive to the following address (we no longer accept electronic submittals on CD). You must submit your electronic documents in less than four PDF files. If you prefer to use a web folder to upload your electronic file, contact ACRU at [acru@dir.ca.gov](mailto:acru@dir.ca.gov). We recommend use of USPS Express Mail or other carrier that has a shipping method with tracking options to the following address:

**Division of Occupational Safety and Health  
Asbestos Contractor Registration Unit  
1750 Howe Avenue, Suite 460  
Sacramento, CA 95825**

<http://www.dir.ca.gov/dosh/asbestos.html>

## 1. Entity Name

**Enter** the legal name(s) of the business entity including the doing business as (dba) name. For contractors, enter the name(s), including the dba name, exactly as they appear on your Contractor's State License Board (CSLB) License or other articles of incorporation, etc. Use the identical entity names on documentation for the asbestos medical surveillance coverage or trust fund, Workers' Compensation Insurance, and other documents.

a) Contractors: Enter the contractor license number in the space provided. If applying for the CSLB license for the first time, enter "In Process".

Non-Contractors: Enter "Not Applicable". Examples of non-contractors included, but are not limited to public agencies and facility owners, etc.

b) In Process CSLB applicants: Provide your CSLB Application Number

c) If you conduct business within the jurisdiction of the South Coast Air Quality Management District (SCAQMD), also include your main facility identification number assigned by the SCAQMD if provided one. If not applicable to your business, enter "Not Applicable".

**Warning:** These are the ONLY legal name(s) ACRU will place on your Asbestos Registration Certificate and under which you are allowed to perform asbestos-related work or, if a contractor, advertise (ref. Business and Professions Code §7027.1 and §7099.11). If you plan to do business under any other name, you must, in advance, notify ACRU and, if a contractor, the CSLB to have them make the changes on your license. **Use of non-legal names is a misdemeanor and may result in loss of registration.**

## 2. Contact Information

a) Locations: List your California main office street address. If you are an out-of-state contractor without a California office, list your out-of-state home office, as well as any business addresses in California. If you have no business address in California, provide an explanation for how you conduct business in California. We do not accept a post office box or an address provided by a mail drop business. **We require an address for all the locations at which you contract for business and maintain documents, store equipment and dispatch employees in the State of California.** If needed, use the separate form we provide with the application to list all business addresses and attach with the application. We will consider your application incomplete without such addresses. You must update us on changes in this information as they occur. We consider failure to do so as a breach of your registration duties.

b) Mailing Address: If different from the physical address, provide your main office mailing address. If these are the same write "same". **This mailing address will be posted on the DOSH website.**

c) Telephone Numbers: Provide the business phone for each office location.

d) Company E-mail Address: Provide your business e-mail address. We will use your e-mail address for correspondence, and to provide you with registration forms and application instructions.

e) Website Address: Provide your Internet website address if you have one.

f) Contact Person: Responsibility for completing the application package can be delegated to a person other than a company/entity manager or officer. This contact person will also act as a liaison with ACRU. Enter the name title and contact information for the designated contact person.

To avoid confusion, only your company's designated contact person should contact ACRU. If the contact person changes, the applicant must submit a Change of Status Notice (ACRU Form 190) specifying a new contact person.

### **3. Additional CA Business Addresses**

Complete the Additional California Business Addresses for (**Form ACRU 192**) and provide a complete list of addresses where the registrant contracts for business, maintains documents, stores equipment, and dispatches employees in the State of California. Examples could include facilities such as offices, warehouses, equipment/storage yards (including self-storage facility unit numbers), etc. If only maintaining operations at one location, check the box at the bottom of the form and sign accordingly.

### **4. Entity Type**

Note your entity type. If a partnership, sole proprietorship or other individually owned entity you must file proof that you have legal status in the U.S. See below.

#### Ownership

Identify the business entity type by checking the corresponding box and provide supporting documents.

a) Depending upon the type of entity, provide the following documents as indicated:

- Publicly Held Company - The articles of incorporation filed with the California Secretary of State (SOS), and most recently filed Statement of Information documentation;
- Private Corporation and Limited Partnership - The above and a copy of the Stock Ledger showing the shareholders and shares held by each;
- Private, Non-corporation - Legal documentation detailing the ownership of the entity;
- Public Agency - A brief letter on official Agency letterhead with the appropriate government seal identifying the agency, department, unit and responsible manager at each level.

b) Depending upon the type of entity, you may be required to register with the SOS. If you are registered with the SOS, enter the entity number.

### **5. Proof of Legal Status in the U.S. (Sole Owner and Partnerships only)**

Section 344.85, Title 8, CCR, bars individuals who lack proper immigration status from eligibility for certifications, licenses and registrations. In order to conduct asbestos-related work you must complete **Form Cal/OSHA-W-1**, "Statement of Citizenship, Alienage, and Immigration Status for State Public Benefits." Failure to provide proof of status will cause us to reject your application.

### **6. Employee Totals**

Enter the total number of employees including office staff:

- a) at the time of application;
- b) and the maximum number of individuals employed by the organization at any one time in the 12-month period prior to submission of the application.

Include the number of all employees, not just asbestos workers.

## **7. Previous or existing DOSH asbestos registration**

If any owners or officers of the company, the CSLB license qualifier(s), C-22 qualifier, or the ASB certificate holder have or are currently holding DOSH asbestos registration, provide the name of the registered entity, the CSLB number, and the DOSH registration number. **If the business applying for registration was previously registered, provide the registration number and describe any asbestos work activity and sampling performed, or subcontracted to another entity, since the last registration certificate expired.**

## **8. Explain how ACCM and ACM have been dealt with by your company in the past**

Provide a signed, written explanation on your company letterhead with details (names of asbestos contractors and consultants used) of asbestos-related work activities. Examples could include the hiring of a consultant to perform collection of asbestos bulk material or air sampling and any subcontracts let for asbestos-related work in the last 10 years for all of the following associated with the business applying for registration:

- Owners and officers of the business and the CSLB licensee and qualifier;
- Management or supervisory personnel;
- Related business entities including partnerships, joint ventures, and those owned by family members.

## **9. Initial Compliance Report**

Using the Initial Compliance Report Form (**Form ACRU 186e**), provide the following information regarding any inspections of your company during the past 10 years, which resulted in the discovery of alleged violative conditions or the issuance of a Citation/Notice to Comply/Notice of Violation, associated with asbestos-related work:

1. Date of the inspection;
2. Address of the job site;
3. Inspecting Agency/Agencies;
4. Explain what caused violative condition(s);
5. Result of the inspection;
6. The name of the Competent Person on site at the time of the inspection;
7. The name of the manager responsible for supervising the Competent Person.
8. Explain what corrective actions were taken and measures that were taken to prevent the reoccurrence of these violative conditions;
9. Attach copy of citations/notices to comply/notices of violation and any other supporting documentation showing you have addressed the issue such as email correspondence between you and the agency involved.

## **10. Related Businesses**

Complete the Related Entities Form (**Form ACRU 186c**) and provide a list of company's engaged in asbestos-related work (including sampling, consulting, and laboratory analyses) which share owners/shareholders, managers, or which are owned by family members, or with whom your organization otherwise has a financial or proprietary interest. Complete the Related Entities form included in the application. If there is a related business entity that is currently registered, please include a "letter of intent" explaining whether the intent is to maintain two registered companies, or whether the originally registered company will cease to perform asbestos-related work.

## 11. Registration Applied for

**Unrestricted Registration:** Contractors should apply for this registration if they plan to perform asbestos-related work up to and including Class I asbestos work as defined in 8 CCR §1529. The CSLB license must bear the C-22 Classification.

**Roofing Only Registration:** This registration is limited to asbestos-related work conducted outdoors and only involving asbestos bituminous or resinous roofing materials. This registration is not valid for work outdoors with other asbestos-containing materials, or for any asbestos-related work conducted indoors. The CSLB license must bear the ASB Certification or C-22 Classification.

## 12. For Licensed Contractors only

If you currently hold a CSLB license, you must provide the following information:

- Provide the name of the Responsible Managing Officer(s) associated with the CSLB License if applicable.
- Name of the qualifier(s) for the Asbestos C-22 on your license and/or ASB Certification. If the qualifier(s) is associated with another CSLB license, provide that license number as well.
- Designate whether your company holds a C-22 license or an asbestos certification (ASB) from CSLB or both.
- If applying for the C-22 classification for the first time, provide copies of the qualifier candidate's CSLB application including experience claimed (CSLB Forms 13A-1, 13A-1a, 13A-2, 13A-2a, 13A-11 and/or 13S-1a )

### Warning:

- If the CSLB license number changes (for example due to incorporation, greater than 50% ownership change, or loss/gain of partner/qualifier), you may be required to reapply as an initial applicant. To avoid business disruption, notify the Asbestos Contractor Registration Unit office at least 60 calendar days before the change takes effect using the Change of Status form (ACRU 190).
- If at any time during the registration period you lose your C-22 Qualifier, ASB certificate holder, contractor license qualifier, or your CSLB license expires or is suspended during the registration period, **you must notify us immediately** using the Change of Status form if you wish to maintain your registration. You must include a written explanation of the circumstances of the situation, provide supporting documentation, and may request that your registration be temporarily placed on inactive status.

## 13. Primary Business

Describe your main business activity by checking the one box or filling in the blank space that best represents your main business activity.

## 14. Service Area

Check the boxes that describe where you normally perform asbestos-related work.

## **Medical Surveillance & Worker's Compensation Insurance**

Except for owners, all individuals conducting work under this registration must be employees of the registered business entity. The employee status of all workers (even workers hired for short-term projects) must be verifiable by workers' compensation insurance, payroll and withholding records. Violation of labor employment law is a serious offense and grounds for revocation of registration.

Neither asbestos medical surveillance, nor worker's compensation insurance are required for those persons who are major stockholders/owners/partners of a company unless their wages or compensation identify them as employees. (Reference Labor Code sections 3350- 3370 and 4150 - 4157). Even if an applicant does not have employees at the time an application is submitted, they still must provide proof that there is in force a valid workers' compensation insurance policy so that any employee hired will automatically be covered. This insurance coverage must remain in force in order for the DOSH asbestos registration to be valid. Workers' compensation insurance for unrestricted registration must include the class code #5473 for "asbestos worker." Workers' compensation insurance for registration restricted to roofing operations with asbestos bituminous or resinous materials only, must include a class code(s) #4283, #5552 and/or #5553 for roofing-related work.

### **Instructions for Entities that use "Employee Leasing" Arrangements**

If your company/entity uses employee(s) from a temporary employment/staffing agency see the specific instruction under the "Employee Leasing" Arrangements further below in this document.

#### **15. Asbestos Medical Surveillance**

Employers must provide and pay for asbestos medical surveillance and respirator examination(s) for all employees who do asbestos-related work. Coverage must include all respirator evaluations, initial and annual asbestos exams and a post-employment medical examination. A regular health insurance plan for employees and dependents is not sufficient. Employers may do so through:

**Insurance:** If your company provides medical surveillance through an insurance policy (not a direct contract with a healthcare provider), you must select this box and provide a letter with the language noted below\*, and a copy of the legal contract. (this is uncommon)

**Union:** If your company provides medical surveillance through a union contract, you must select this box and provide a copy of the letter from the union acknowledging that the employer is a signatory on the union contract.

**Healthcare Provider:** If your company provides medical surveillance through a contract with a healthcare provider, you must select this box and provide a letter with the language noted below\*, and a copy of the legal contract.

**Trust Account (\$500 per employee):** If your company sets aside a financial account to cover medical surveillance, you must select this box and complete the Employer Trust Account form (**Form ACRU 189**) The trust account must contain \$500 per employee listed on the roster not covered by other means. The account is often created as a self-administered trust account. This does not require the involvement of a lawyer or the bank, although the latter may be confused by this use of the term "trust." A bank account statement dated to within the last month that shows the name of the account holder and bank, bank address and phone number, the account number and the balance must be submitted. The account **MUST** be in the name of the employer as used on the application form and associated documents. If your number of employees engaged in asbestos related work increases during the year, you must add funds to the trust account. Do not merge these funds with

other operating funds. We may audit the use of the account, including maintenance of sufficient funds and the actual provision of such exams.

- a) If the registrant is using a trust account for medical surveillance, they must affirm the acknowledgements on the form and sign it.
- b) Registrants using medical surveillance other than a trust account, must still complete the form by select the not applicable box and sign the form

It is common for there to be a combination of the above. **For example:** an employer has both union and non-union employees on the roster. Union personnel may be covered by their Union's health insurance. Non-union personnel can be covered by one of the other methods. If a combination of insurance/trust fund is used, it must be noted on the roster form (ACRU188)

*\*The letter/contract/policy must state that: "This agreement/policy is in force and does pay, on behalf of (Employer Name) for all medical examinations, consultations, and procedures, required by 8 CCR 341.7(b)(2) and 8 CCR 1529, at no cost to the employee even though the company may be out of business. We will inform the Division of Occupational Safety & Health of the termination of this contract."*

### **16 Workers Compensation Insurance**

**Directly Insured:** Check this box if the registrant is the named insured on the worker's compensation policy.

**Management Company's Insurance Policy:** Check this box if the registrant uses an Employee Leasing option or payroll service that provides worker's compensation coverage for the employees.

**Self-insurance:** Check this box if the registrant is self-insured.

In addition to checking the correct insurance coverage box employers must also provide a copy of the workers' compensation insurance (WCI) documentation as follows:

- a. A WCI certificate (from agent) of insurance that:
  - 1) Is current at the time your registration period begins
  - 2) Is valid in California
  - 3) Lists your company as the insured or as an additional insured
  - 4) Lists DOSH as "The Holder" so that we will be notified in case of cancellation.

**DOSH-Asbestos and Carcinogen Unit  
1750 Howe Avenue, Suite 460  
Sacramento, CA 95825**

- b. Policy Declaration's page or the Annual Ratings Endorsement (from insurer) showing the class codes of all workers covered, including the following depending on your operations:
  - 1) 4283 Building or Roofing Paper or Felt Asphalt Saturation
  - 2) 5473 Asbestos – All Operations – Including Shop
  - 3) 5552 Roofing – Low Wage
  - 4) 5553 Roofing – High Wage

**NOTE: Do not send in Liability/Automobile/Errors & Omissions Insurance documentation.**

- c. Self-Insured: If your company is self-insured, submit a copy of your "Certification of Consent to Self-Insure" (Department of Industrial Relations), and policy declarations for the excess claims policy showing coverage for asbestos workers.

**Workers' Compensation Insurance must be maintained for the duration of the registration.****Instructions for Entities that use "Employee Leasing" Arrangements**

Some employers enter into a contract with a management company or professional employer organization to handle the administrative management of workers. In such an arrangement it is important for all parties to understand the following:

The Registrant, as the employer exercising supervision and control over the workers and their activities, are treated like any other employer with respect to issuance of citations for violation of Title 8 and Labor Code requirements. In some circumstances the management company may also be subject to citation for violation of Title 8 and Labor Code requirements.

All workers under the direction and control of the applicant will be treated as being employees of the applicant for the purpose of registration or renewal, whether employed directly or through a management company. With respect to the application for registration or renewal, this means that all employees conducting asbestos-related work must be listed on the roster, and identified as a staffing agency employee, as detailed elsewhere in these instructions.

If you use a management company for some or all of your workers, and that company is providing the workers' compensation coverage for those workers, you must provide the following to document the business relationship and to prove that appropriate and valid workers' compensation insurance coverage is in effect:

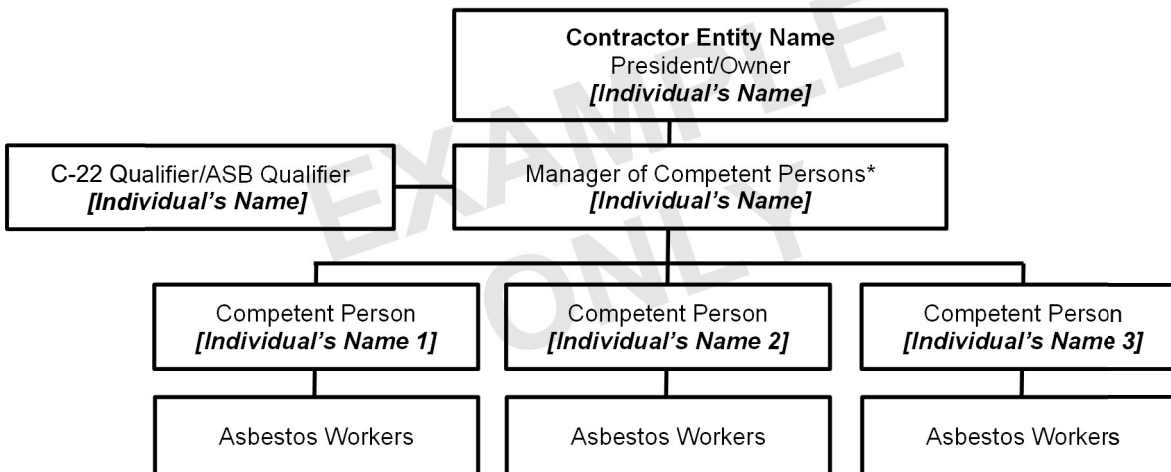
- a. A copy of your contract with the management company as follows:
  - 1) On stationery of the management company with a physical address, telephone number, website address, and contact email address for the management company.
  - 2) Signed by a responsible officer of your company, and a responsible officer of the management company indicating the respective position titles of each person, including their names typed or printed.
  - 3) With details of the services that will be provided for your company.
  - 4) The effective dates of the contract.
- b. A signed statement on your company's letterhead from an officer of your company indicating:
  - 1) Whether all or only some of your company's employees conducting or supervising asbestos work; will be provided from a management company or other service. If only some employees will be administered through the management company, proof of valid workers' compensation insurance coverage for your own employees as well as those provided from the management company must be submitted.
  - 2) Your company will notify us immediately when the contract with the management company is no longer in effect.
- c. A certificate of workers' compensation insurance showing the Asbestos Contractor Registration Unit as a policy holder of the management company's insurance.
- d. Policy documents showing that the policy covers asbestos workers by listing the class codes covered in the policy declarations or Annual Ratings Endorsement. (Contractors holding Roofing-only registrations restricted to repair and maintenance on resinous and bituminous materials are only required to provide proof that the policy covers roofing work).

Except for owners, all individuals conducting work under this registration must be employees of the registered business entity. The employee status of all workers (even workers hired for short-term projects) must be verifiable by workers' compensation insurance, payroll and withholding records. Violation of labor employment law is a serious issue and grounds for revocation of registration.

### 17. Organizational Chart

Attach a current organizational chart showing chain of supervisory authority including the President or owner, the qualifier, the manager(s) responsible for supervising the competent person(s) on a day-to-day basis, the competent person(s), and the asbestos workers. Include names of each person along with their title. Asbestos workers' names are not required. Anyone listed as a competent person on the organizational chart must be included on the roster of personnel (Form ACRU 188). Anyone listed as a supervisor of competent persons must complete an Assurances of the Supervisor of the Competent Persons form (Form ACRU 186d). It is not necessary to include operational roles, titles, or individuals not specifically involved in the supervisory chain of authority of asbestos-related work.

An example organizational chart is provided here for reference. Your company's organizational chart might look different:



\* - This is the individual that is required to sign the Assurances of the Supervisor of the Competent Persons (Form ACRU 186d)

### 18 Personnel Roster and Training Certificates

All owners and employees performing asbestos-related work or bulk sampling must have appropriate training as defined in T8 CCR §1529 (k)(9). All training shall be provided at no cost to the employee. DOSH approved training is required for all asbestos-related work requiring registration. These courses will cover California-specific issues. Out-of-state contractors must use DOSH-approved providers. There are some approved out-of-state training providers. For a list of Cal/OSHA-approved training providers or any other questions regarding training, contact the DOSH Consultant and Training Provider Approval Unit at [actu@dir.ca.gov](mailto:actu@dir.ca.gov) or go to: <http://www.dir.ca.gov/dosh/AsbestosTraining.html>, or contact the DOSH Asbestos and Carcinogen Unit at [actu@dir.ca.gov](mailto:actu@dir.ca.gov)

Complete the Roster of Personnel Certified for Asbestos-Related Work (**Form ACRU 188**) as follows:

- a. We accept photocopies or computer printouts of this form in this same format. The original signature document must be received by our office to complete the registration process.
- b. An AHERA trained contractor supervisor must be on the roster at all times.
- c. List all owners and employees who have completed AHERA training, and/or performed asbestos-related work or bulk sampling for your organization since the date of submission of the previous roster. **Alphabetically list by last name, current asbestos-related work employees, followed by an alphabetic list of former employees who were performing asbestos-related work during the past 12-months. Attach copies of their training certificates.**
- d. Training certificates must be scanned **as a complete file** and submitted. Similar to the roster, submit the certificates alphabetically by last name for current asbestos-related work employees, followed by an alphabetic list of former employees who were performing asbestos-related working during the past 12-months.
  - 1) **If there are more than 20 training certificates**, the electronic copy must be comprised of only two PDFs, one with the current employees in alphabetic order by last name, and one with the former employees in alphabetic order by last name.
- e. Your company must verify the authenticity of any training certificates that are not received directly from the training provider before the employee is allowed to perform asbestos-related work.
- f. Training for current supervisors and workers must be valid at the time of renewal application submittal. If any of the listed certificates are due to expire before the current registration expiration date, enter the scheduled refresher training date and the training provider name on the roster in the “notes” column. Provide copies of, and separately list any falsified certificates.
- g. Contact the Asbestos and Carcinogen Unit at [actu@dir.ca.gov](mailto:actu@dir.ca.gov) to report suspicious certificates/trainers.
- h. **Medical Coverage:** Using the codes in the table below, identify the medical surveillance coverage for the current employees or owners:

Code	Summary	Meaning
T	Trust account	Trust account of \$500 per employee engaged in asbestos-related work
U	Union	Union as the result of a collective bargaining agreement
I	Insurance	Insurance carrier, through a policy
C	Contract	Contract with a healthcare provider (with a clinic, physician or hospital);
O	Owner	Denotes an owner of a company who does not qualify as an employee and is exempt from the medical surveillance requirements.
E	Exempt	Building Inspector training only not an asbestos worker or supervisor

- i. **Roster Status:** Using the codes in the table below, identify the status for each person listed on the roster:

Code	Summary	Meaning
[No entry]	Current	Continuing employees that were listed as active on last year’s roster and are listed as active on the current one
(+)	Added	New employees hired since the last roster was submitted
(-)	Dropped	Former employees let go since the last roster was submitted (no longer employed)
(+ -)	Added then Dropped	Employees who were added and later dropped

j. **Training Type:** Enter the training code from the table below:

Code	Meaning
I or R	Initial Training or Refresher Training
CS	AHERA Contractor/Supervisor
AW	AHERA Abatement Worker
RW	Roofing Worker-
FW	Flooring Worker
BI	AHERA Building Inspector
MP	AHERA Management Planner
PD	AHERA Project Designer

If any employee is also a **Certified Asbestos Consultant/Certified Site Surveillance Technician** list their certification number in the notes column next to their training.

k. **DOSH Approval #** - DOSH approval number as listed on the certificate (begins with CA)

l. **Expiration Date** – The expiration date as listed on the certificate

m. **Provider Name** – The training provider name as listed on the certificate

n. **Notes** – Any clarification/additional information such as, scheduled refresher training date, name of temporary employment/staff agency, or no longer working with asbestos as explained above

o. **Total Number of Asbestos-Related Work Personnel**

- 1) Provide the total of all persons who completed AHERA training, and/or performed asbestos-related work, or bulk sampling since the date on the last roster submitted.

p. **Total Number of Trust Account Employees**

- 1) Provide the total of all employees covered by a trust account at the time of registration and use this total to calculate the amount in your trust account.

q. **Affirmation of validity of training and employment**

- 1) The individual signing the Assurances and Declarations in the application form must sign and date the roster, thereby attesting to the identity of the individuals named on the roster, and the validity of their training certificates.

There must be at least one properly trained AHERA Contractor Supervisor (competent person) on the payroll at all times. This person must have attended a DOSH approved training course within the past 12 months and can be an employee, owner, principal stockholder, partner, etc.

#### Warning:

- By providing the certificates as part of the application, you are attesting to the identity of the individuals working for you who are named on the roster and the validity of their certificates.
- Whenever you discover a falsified training certificate, immediately email us a copy.

## **19. Policies and procedures for asbestos-related work**

In accordance with Title 8, California Code of Regulations, Section 341.7(b)(4) submit a written program as described in the attached *Instructions and Checklist for the Preparation of Policies, Procedures and Programs for Asbestos-Related Work* (P&P - formerly referred to as "Part V") as your proof that you have knowledge of the applicable occupational safety and health standards, and will comply with such standards and any other such lawful orders of the Division. It may be necessary to engage the services of a Certified Asbestos Consultant to prepare these written programs. The checklist is formatted by sections and subsections. You are encouraged to use this same framework for the development of your P&P if desired.

## **20. Initialing the Assurances and Declarations:**

The person initialing the assurances and signing the declaration does so under the penalty of perjury under the laws of the State of California. They must write their initials (do not type) in each blank space.

This individual must be:

- a. Duly authorized to represent the applicant
- b. Able to make the assurances and declarations relating to knowledge, based on experience and/or training
- c. A manager, officer or owner (not a first-line supervisor) with direct or upper-level authority over the competent persons and the asbestos removal work, as follows:
  - 1) Sole Ownership: Owner or CSLB Qualifier
  - 2) Partnership: Partner who has knowledge/authority, as above, or CSLB Qualifier
  - 3) Private Corporation: Owner/Officer who has knowledge/authority, as above or CSLB Qualifier
  - 4) Public Corporation: Officer/Manager who has knowledge/authority, as above or CSLB Qualifier
  - 5) Public Agency or Non-Profit Entity: Manager who has knowledge/authority, as above

## **21. General Assurance Statement**

The statement on the application is to be signed by the CSLB licensee, the license qualifier, and the C-22 Qualifier/ASB Certification. Where one individual holds more than one of these titles, they must sign each line.

Assurances of the Supervisor of the Competent Persons (Form ACRU 186d)

This form must be signed by the management official(s) responsible for supervising the competent person(s) on a day-to-day basis (see P&P checklist). Additionally, **this person needs to be correctly identified on your company's organization chart** explained in item 17 above.

### **As indicated on the application form, be sure to:**

- Return all pages of this form with original signatures as required on pages 3 and 4;
- Group all attachments in the same order as provided in this application;
- P&P and associated P&P Checklist should be submitted under a separate cover/combined PDF document;
- Enclose the non-refundable application fee for initial registration of \$350.00. Make check or money order payable to "Asbestos and Carcinogen Unit" (we cannot accept credit cards at this time).



Send both the hard copy and a copy in PDF format on a thumb/flash drive to the following address (we recommend use of USPS Express Mail or any other carrier that provides a tracking number).

**Division of Occupational Safety and Health  
Asbestos and Carcinogen Unit  
1750 Howe Avenue, Suite 460  
Sacramento, CA 95825**

<http://www.dir.ca.gov/dosh/asbestos.html>

If you prefer to use a web folder to upload your electronic file, contact the Division at [acru@dir.ca.gov](mailto:acru@dir.ca.gov) to request a link.



This application checklist is provided as an aid in preparing the initial application package and for final review prior to submission.

**1. REGISTRATION FEE**

- ☐ \$350.00 Registration Fee Payable to: Asbestos and Carcinogen Unit

**2. APPLICATION FORM (ACRU 186a)**

- ☐ All lines are filled in with the information requested or indicating "Not Applicable".
- ☐ Assurances and Declarations of Applicant statement are initialed (X's and check marks are not accepted).
- ☐ Lower right corners of each page are initialed.
- ☐ Completed application has original signature.

**3. ADDITIONAL CALIFORNIA LOCATIONS FORM (ACRU 192 - add pages if necessary)**

- ☐ Form completed and signed.

**4. RELATED ENTITIES FORM (ACRU 186c - add pages if necessary)**

- ☐ Form completed and signed.

**5. EMPLOYER'S TRUST ACCOUNT FORM (ACRU 189)**

- ☐ All blanks filled in with the information requested.
- ☐ Bank statement is current and shows the name of Account holder and bank, bank address, phone number, and sufficient balance.
- ☐ If coverage is through Union Trust or other health provider, letter or contract is current and has the correct language stated in the application instructions.

**6. WORKERS COMPENSATION INSURANCE**

- ☐ Workers' Compensation Insurance Certificate (from the agent/broker) is current, has the Name of Insured, Term of Insurance, and Certificate Holder is:

**DOSH -Asbestos and Carcinogen Unit**

**1750 Howe Avenue, Suite 460**

**Sacramento, CA 95825**

- ☐ Policy Declarations page/Annual Ratings Endorsement is from the insurance carrier, **not the broker** and shows the different class codes covered by the policy.



## **7. ROSTER OF PERSONNEL CERTIFIED FOR ASBESTOS-RELATED WORK (ACRU 188)**

- ☐ If using photocopies or computer printouts, format is exactly the same as the form included in the renewal package.
- ☐ All blank columns are filled in with the requested information.
- ☐ All training certificates are included in the application package.
- ☐ Completed form has original signature and date.

## **8. POLICIES AND PROCEDURE FOR ASBESTOS-RELATED WORK (p&p)**

- ☐ Policies & Procedures for Asbestos-Related Work (P&P) completed.
- ☐ P&P Checklist accurately completed (denote page and paragraph of each item).

## **9. MISCELLANEOUS FORMS & DOCUMENTS**

- ☐ Current organizational chart is attached.
- ☐ Assurances of Supervisor form is signed and dated by the Manager/Supervisor of the Competent Persons as indicated on the organizational chart. (ACRU 186d)
- ☐ Initial Compliance Report Form (information for any inspections of your company conducted during the last 10 years, that resulted in the discovery of alleged violative conditions associated with asbestos-related work) is provided. (ACRU 186e)
- ☐ Ownership documentation (Articles of incorporation/organization, statement of information, ownership share percentage, fictitious business name statement, members of the LLC, etc.).
- ☐ Evidence of Legal Status in the U. S (Cal/OSHA-W-1 & List A or List B documents)
- ☐ Copy of your CSLB application for new license or existing Contractor license
- ☐ Copy of C-22 qualifier application including experience claimed (CSLB Forms 13A-1, 13A-1a, 13A-2, 13A-2a, 13A-11 and/or 13S-1a)



## EMPLOYER APPLICATION FOR ASBESTOS REGISTRATION (Form ACRU 186a)

**1. Entity Name:** \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

a) Contractor License Number (if applicable): \_\_\_\_\_

b) In Process with CSLB (provide application number): \_\_\_\_\_

c) SCAQMD Main Facility ID No. (if applicable): \_\_\_\_\_

### 2. Contact Information

**a) Main Office Address:** \_\_\_\_\_

Street Address

City

State

Zip

**b) Mailing Address (posted on DOSH website):** \_\_\_\_\_

(If different)

Street or P.O. Box

City

State

Zip

c) Telephone No.: (\_\_\_\_) \_\_\_\_\_

d) Company E-mail Address: \_\_\_\_\_

e) Website Address: \_\_\_\_\_

**f) Application Contact Person:** \_\_\_\_\_

Name

Title

Phone

E-mail

### 3. Other California Business Addresses: Complete Form ACRU 192

**4. Entity Type:** ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Sole Proprietorship  
☐ Joint Venture ☐ Public Agency

a) Ownership Documentation Attached ☐

b) Secretary of State Entity No. (if applicable) \_\_\_\_\_

### 5. Proof of Legal Status in the U.S. for Sole Proprietor/Partnerships:

Complete Form CalOSHA-W-1 and provide supporting documentation

### 6. Employees: List the total number of all employees including office staff:

a) At the time of application \_\_\_\_\_

b) Maximum at any time in last 12 months \_\_\_\_\_



**7. Previous or Existing DOSH Asbestos Registration:** ☐ Yes ☐ No. If yes, provide a written explanation on your company letterhead providing the name of the registered entity, the CSLB number, and the DOSH registration number. See instructions for more information.

**8. Explain** how ACCM and ACM have been dealt with by your company in the past (refer to the instructions)

**9. Initial Compliance Report Form:** Have asbestos-related citations, Notice of Violation, or Notice to Comply been issued to your organization in the last 10 years? **Complete ACRU Form 186e**

**10. Related Entities:** Are there other companies engaged in asbestos-related work (including sampling and consulting) in which your organization has a financial or proprietary interest, share owners or managers, or are owned by family members? **Complete Form ACRU 186c**

**11. Registration Applied for:** ☐ Unrestricted Registration ☐ Roofing Only Registration

**12. For Licensed Contractors only:**

a) Name of the Responsible Managing Officer(s) (RMO): \_\_\_\_\_

b) Provide the name of the Qualifier for the CSLB C-22 classification on your license and/or for the Asbestos Certification (ASB) : \_\_\_\_\_

Is this C-22 qualifier listed above associated with other registrants? ☐ No ☐ Yes

If yes, provide the associated CSLB license number(s): \_\_\_\_\_

c) Which classification does your company's CSLB license include: ☐ ASB ☐ C-22 ☐ Both

d) If applying for the C-22 classification for the first time, provide copies of the qualifier candidate's CSLB application including experience claimed (CSLB Forms 13A-1, 13A-1a, 13A-2, 13A-2a, 13A-11 and/or 13S-1a)

Note: Holders of unrestricted DOSH Registrations must have a C-22 classification on their license.

**13. Primary Business:**

☐ General Contracting ☐ Asbestos removal ☐ Roofing ☐ Flooring ☐ Building Maintenance

☐ Heating & Ventilation ☐ Insulation ☐ Drywall ☐ Painting ☐ Restoration

☐ Other: \_\_\_\_\_

**14. Service Area:**

☐ North Coast ☐ Sacramento Valley ☐ Sierra North ☐ Central Valley ☐ S. F. Bay Area ☐ Central Coast

☐ Sierra South ☐ L. A. Area ☐ San Diego Area ☐ So. Cal. Inland ☐ Statewide

**15. Asbestos Medical Surveillance (complete Form ACRU 189 and attach documentation):**

☐ Trust Account ☐ Union (provide copy of union trust fund letter)

☐ Other Contract (provide copy of health care provider contract)

**16. Worker's Compensation Insurance (check all that apply and attach certificates and policy documentation):**

☐ Directly insured ☐ Management Company's Insurance Policy ☐ Self-Insured



**17. Org Chart:**

Attach a current organizational chart showing chain of supervisory authority including the President or owner, the qualifier, the manager(s) responsible for supervising the competent person(s) on a day-to-day basis, the competent person(s), and the asbestos workers.

**18. Personnel Roster and Training Certificates (Complete Form ACRU 188a):**

All individuals performing asbestos-related work and/or bulk sampling must be included on the roster with valid training certificates attached ☐

**19. Policies and procedures for asbestos-related work (P&P)**

A copy of your policies and procedures for asbestos-related work (P&P) - attached ☐

An accurately completed "P&P Checklist" - attached ☐

**20. Assurances and Declarations**

**Statement:** I hereby affirm under penalty of perjury that: (Initial the blanks by hand)

- \_\_\_\_\_ I am the highest-level manager in the company with supervisory responsibilities for asbestos-related work;
- \_\_\_\_\_ I have knowledge of and understand the occupational safety and health standards governing asbestos-related work;
- \_\_\_\_\_ I have reviewed, have knowledge of, and understand the contents of the instructions for this application, and the answers and attachments we have provided and affirm that the information and assertions contained in this application and accompanying attachments are true and correct;
- \_\_\_\_\_ The applicant will ensure that its employees and others under its direction who are performing asbestos-related work have the initial and annual training required by law and regulation;
- \_\_\_\_\_ The applicant is proficient with and has the necessary equipment to safely perform asbestos-related work;
- \_\_\_\_\_ The conditions, practices, means, methods, operations or processes the applicant uses or proposes to use will provide a safe and healthful place of employment;
- \_\_\_\_\_ The applicant will require its officers, managers, all other employees and individuals under its direction to comply with the work-related procedures contained in its policies and procedures, as well as all other applicable occupational safety and health standards and lawful orders of the Division; and,
- \_\_\_\_\_ A copy of these policies and procedures will be present at each work site as part of our Injury Illness Prevention Program and Code of Safe Work Practices and will be made available to our employees, and DOSH inspectors.

Date \_\_\_\_\_ Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Management Representative Initialing Assurances

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Address & Telephone number if at a different location than main office



**21. General Assurance Statement:**

For Unrestricted Registration for **Licensed Contractors**: To be signed by an ownership representative and the C-22 qualifier listed under the Contractors State License Board.

For Unrestricted Registration for **facility owners and public agencies**: To be signed by the Safety Program Manager or Asbestos Program Manager and the Direct Supervisor of the competent persons.

For Roofing Only Registration: To be signed by the C-39 qualifier and the ASB Certificate Holder.

Where one individual holds more than one of these titles, they need sign only once and indicate the other titles they hold.

*I have reviewed this application and all its attachments. I have knowledge of and understand the health and safety hazards associated with asbestos-related work. I will work diligently to assure that both management and non-management employees are provided with the resources, including training, needed to comply with our company's health and safety policies and with all legal requirements for asbestos-related work, including maintenance of employee exposure and medical surveillance records. By signing below, I agree to always maintain an appropriately qualified individual (ASB and/or C-22) associated with your license. I am not allowed to conduct asbestos-related work without having appropriately qualified individual (ASB and/or C-22) associated with your license.*

**CEO/President/Sole Owner (Or Safety Program Manager for facility owner/public agencies):**

Signature	Name	Date Signed
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**C-22 Qualifier (or Direct Supervisor of the competent persons):**

Signature	Name	Date Signed
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**For Roofing Only Registration:**

**C-39 Qualifier:**

Signature	Name	Date Signed
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**ASB Certification Holder:**

Signature	Name	Date Signed
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**A violation of any provision of Chapter 6, Sections 6501.5, 6501.9, and 6503.5 of the Labor Code (LC) is a misdemeanor. Failure to comply with these provisions or the terms and conditions of registration, may result in suspension or revocation of the registration (LC Section 6505.5 and Title 8, *California Code of Regulations*, Section 341.14).**

**ADDITIONAL CALIFORNIA BUSINESS ADDRESSES (Form ACRU 192)**

Check and complete applicable boxes and/or fields. Use additional forms as necessary.

Initial – N/A

Registration # \_\_\_\_\_ Full Company/Entity Name (as currently registered) \_\_\_\_\_

<input type="checkbox"/> Existing Location			<input type="checkbox"/> New Location			<input type="checkbox"/> No Longer In-Use		
<b>Street or PO Box</b>								
<b>City</b>				<b>State</b>		<b>Zip Code</b>		
				<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard <input type="checkbox"/> Other:				
<b>Telephone</b>			<b>Business Function at this Address</b>					

<input type="checkbox"/> Existing Location			<input type="checkbox"/> New Location			<input type="checkbox"/> No Longer In-Use		
<b>Street or PO Box</b>								
<b>City</b>				<b>State</b>		<b>Zip Code</b>		
				<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard <input type="checkbox"/> Other:				
<b>Telephone</b>			<b>Business Function at this Address</b>					

<input type="checkbox"/> Existing Location			<input type="checkbox"/> New Location			<input type="checkbox"/> No Longer In-Use		
<b>Street or PO Box</b>								
<b>City</b>				<b>State</b>		<b>Zip Code</b>		
				<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard <input type="checkbox"/> Other:				
<b>Telephone</b>			<b>Business Function at this Address</b>					

<input type="checkbox"/> Existing Location			<input type="checkbox"/> New Location			<input type="checkbox"/> No Longer In-Use		
<b>Street or PO Box</b>								
<b>City</b>				<b>State</b>		<b>Zip Code</b>		
				<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard <input type="checkbox"/> Other:				
<b>Telephone</b>			<b>Business Function at this Address</b>					

☐ This is a complete list of addresses where the registrant contracts for business and maintain documents, stores equipment and dispatches employees in the State of California.

☐ Our company does not operate at any other addresses in California.

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**RELATED ENTITIES (Form ACRU 186c)**

Check and complete applicable boxes and/or fields. Use additional forms as necessary.

Initial – N/A

Registration # Full Company/Entity Name (as currently registered)

Full Company/Entity Name (of related entity)		CSLB # and/or DOSH # (if applicable)	
Street or PO Box			
City		State	Zip code
Telephone:			
<input type="checkbox"/> Lab	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Trainer
Relationship:		<input type="checkbox"/> Shared Ownership <input type="checkbox"/> Family <input type="checkbox"/> Other:	

Full Company/Entity Name (of related entity)		CSLB # and/or DOSH # (if applicable)	
Street or PO Box			
City		State	Zip code
Telephone:			
<input type="checkbox"/> Lab	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Trainer
Relationship:		<input type="checkbox"/> Shared Ownership <input type="checkbox"/> Family <input type="checkbox"/> Other:	

Full Company/Entity Name (of related entity)		CSLB # and/or DOSH # (if applicable)	
Street or PO Box			
City		State	Zip code
Telephone:			
<input type="checkbox"/> Lab	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Trainer
Relationship:		<input type="checkbox"/> Shared Ownership <input type="checkbox"/> Family <input type="checkbox"/> Other:	

Full Company/Entity Name (of related entity)		CSLB # and/or DOSH # (if applicable)	
Street or PO Box			
City		State	Zip code
Telephone:			
<input type="checkbox"/> Lab	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Trainer
Relationship:		<input type="checkbox"/> Shared Ownership <input type="checkbox"/> Family <input type="checkbox"/> Other:	

- ☐ This is a complete list of entities engaged in asbestos-related work (or associated services including training, consulting, sampling, and laboratory analysis for asbestos) in California. This includes entities which are owned by family members, company officers, management personnel, or entities that also employ your management/supervisory personnel, or with which your organization otherwise has a financial or proprietary interest.
- ☐ Our company does not have any relationships that meet the criteria stated above.

Print Name

Title

Signature

Date



## EMPLOYER'S TRUST ACCOUNT (Form ACRU 189)

Initial – N/A

Registration #

Full Company/Entity Name (as currently registered)

Bank's Name

Bearing Account No\*: \_\_\_\_\_ will be maintained in:

- ☐ Accordance with the requirements of Labor Code section 6501.5 and section 341.7(b)(2) of Title 8 of the California of Regulation for purposes of providing medical examinations, consultations and procedures required by section 1529 of Title 8; and,
- ☐ An Amount sufficient to cover \$500.00 per employee performing asbestos-related work; and,
- ☐ That if any modifications are made to the account that are not consistent with the purposes of Labor Code section 6501.5, the Division will be notified in writing, no later than 48 hours after such notification
- ☐ Not applicable. Medical coverage is provided by a union, healthcare provider, or insurance (attach copy of contract).

Print Name

Title

Signature

Date

\*Refer to the renewal application instruction for required supporting documents that must also be submitted.



(Form ACRU 188 – minimum font size is 10-point)

Page \_\_\_\_ of \_\_\_\_

Registration #

ACRU Form 188 –Roster of Personnel (Revised 01/25)



## ROSTER: REFER TO INSTRUCTIONS FOR MORE DETAIL

- **The original signed roster and copies of all employee certificates must be included in your application.**
- Typed roster submittals shall not be smaller than 10-point font.
- **Renewal Applicants** - List all workers who performed asbestos-related work or bulk sampling for your organization since the date of submission of the previous roster.
- **Initial applicants** – Alphabetically list all owners and employees who will be performing asbestos-related work or bulk sampling for your organization.
- Attach copies of all training certificates.
- Training must be valid at the time of renewal application submittal or training dates listed for expiring certificates
- Contact Asbestos & Carcinogen Unit at [ACTU@dir.ca.gov](mailto:ACTU@dir.ca.gov) 916-574-2993 to report suspicious certificates/trainers.

<b>Medical Coverage</b> Enter information here only for current employees or owners. Identify asbestos medical surveillance coverage using the following symbols:		
Code	Summary	Meaning
T	Trust account	Trust account of \$500 per employee engaged in asbestos-related work
U	Union	Union as the result of a collective bargaining agreement
I	Insurance	Insurance carrier, through a policy
C	Contract	Contract with a healthcare provider (with a clinic, physician or hospital);
O	Owner	Denotes an owner of a company who does not qualify as an employee and is exempt from the medical surveillance requirements.
E	Exempt	Building Inspector training only not an asbestos worker or supervisor
<b>Roster Status</b>		
Code	Summary	Meaning
[No entry]	Current	Continuing employee who was on the last roster and remains on this one
(+)	Added	New employees hired since the last roster was submitted
(-)	Dropped	Former employees let go since the last roster was submitted (no longer employed)
(+ -)	Added then Dropped	Employees who were added and later dropped
<b>Training</b> Enter the type of training as follows:		
Code	Meaning	
I or R	Initial Training or Refresher Training	
CS	AHERA Contractor/Supervisor	
AW	AHERA Abatement Worker	
RW	Roofing Worker-	
FW	Flooring Worker	
BI	AHERA Building Inspector	
MP	AHERA Management Planner	
PD	AHERA Project Designer	
If any employee is also a <b>Certified Asbestos Consultant/Certified Site Surveillance Technician</b> list their certification number in the notes column next to their training.		
<b>DOSH Approval #</b>	Enter the DOSH approval # as listed on the certificate (begins with CA)	
<b>Expiration date</b>	Enter the expiration date as listed on the certificate	
<b>Training Provider name</b>	Enter the training provider name as listed on the certificate	
<b>Notes</b>	Enter any clarification or additional information here, such as scheduled training date for expired/expiring certificates, staffing agency name, etc.	
<b>Total Number of Asbestos - Related Work Personnel</b>	Provide the total of all persons who performed asbestos-related work since the date on the last roster submitted.	
<b>Total Number of Trust Account Employees</b>	Provide the total of all employees covered by a trust account at the time of registration and use this total to calculate the amount in your trust account.	
<b>Affirmation of validity of training and employment</b>	<b>The individual signing the Assurances and Declarations in the application form must sign the roster</b> , thereby attesting to the identity of the individuals named on the roster and the validity of their training certificates.	



## ASSURANCES OF THE SUPERVISOR OF THE COMPETENT PERSONS (Form ACRU 186d)

Initial – N/A

Registration #

Full Company/Entity Name (as currently registered)

Under penalty of perjury, I \_\_\_\_\_ ,  
Print Name and Title

am a management official responsible for supervising the competent person(s) on a day-to-day basis.

☐ I have the authority and responsibility to discipline the competent persons.

☐ I understand the Title 8 regulations for asbestos-related work, and acknowledge that they are minimum safety standards for all our company jobsites.

☐ I have read our company's written policies and procedures and affirm that they meet or exceed the Title 8 requirements for asbestos-related work.

☐ I will take all reasonable steps within my authority to ensure that the competent persons follow our company's most recent policies and procedures and comply with all relevant Title 8 regulations.

Print Name

Title

Signature

Date



## INITIAL COMPLIANCE REPORT (Form ACRU 186e)

Initial – N/A

Registration #

Full Company/Entity Name (as currently registered)

☐ During the last 10 years, our company was subject to an inspection which resulted in the discovery of alleged violative conditions or the issuance of a Citation/Notice to Comply/Notice of Violation, associated with asbestos-related work.

1. Date of Inspection: \_\_\_\_\_

2. Address of Job Site: \_\_\_\_\_

3. Inspecting Agency/Agencies: \_\_\_\_\_

4. Events that led to the existence of the alleged violative conditions (use additional paper as needed): \_\_\_\_\_

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5. Result of Inspection (include a copy of item noted below):

- ☐ Citation  
☐ NOV (Notice of Violation)  
☐ NC (Notice to Comply)  
☐ Penalty  
☐ Other

6. Competent person on inspection site: \_\_\_\_\_

7. Supervisor of the competent person: \_\_\_\_\_

8. Corrective actions taken (use additional paper as needed): \_\_\_\_\_

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9. Provide copies of all citation/notice to comply/notice of violation and all supporting documents

☐ I declare under penalty of perjury, during the last 10 years, our company was not subject to an inspection where a regulatory agency documented the existence of violative conditions which were associated with asbestos-related work.

Print Name

Title

Signature

Date



## P&P INSTRUCTIONS & CHECKLIST

### INSTRUCTIONS & CHECKLIST FOR THE PREPARATION OF *POLICIES AND PROCEDURES FOR ASBESTOS-RELATED WORK*

Submitted on behalf of \_\_\_\_\_  
(Name of organization applying for registration)

#### ***These written procedures are required-***

8CCR §341.7(b)(4) requires that the registration application contain “*proof that the employer has knowledge of the applicable occupational safety and health standards*” and “*that the conditions, practices, means, methods, operations or processes used or proposed to be used will provide a safe and healthful place of employment and that the employer is proficient in and has the necessary equipment to safely perform asbestos-related work*”. To that end DOSH requires contractors and other employers to provide written policies, procedures and programs that describe how they will:

- Perform asbestos-related work in compliance with Title 8 California Code of Regulations (Title 8);
- Comply with Title 8 requirements that are particularly important in asbestos-related work operations.

The management officials responsible for the day-to-day supervision of the competent persons must be familiar with the contents of the Policies & Procedures for Asbestos Related Work (P&P), and sign a statement regarding its enforcement, as discussed below. These documents and statements provide some evidence of management’s knowledge of, and willingness to comply with the applicable occupational safety and health standards.

#### ***The purpose of the checklist***

The checklist is intended to be used as a tool to assist applicants in developing and checking the P&P document which they submit to us. The checklist:

- Describes the content required for the P&P
- Serves as a guide to develop a P&P
- Enables the preparer to evaluate the procedures and determine whether or not they meet the requirements before submitting them to us.

#### ***Writing the procedures and completing the P&P Checklist-***

1. Anyone in your company with the appropriate knowledge can write the P&P. We strongly suggest that they have taken the EPA-AHERA class for contractor/supervisor or one of the other management/professional level classes. To write the P&P, an individual must be quite familiar with how to conduct asbestos removal safely by following the applicable regulations from Title 8, including, but not limited to:

Entity Name: \_\_\_\_\_

Version No: \_\_\_\_\_



## P&P INSTRUCTIONS & CHECKLIST

- §341.6 - §341.14 (asbestos registration)
- §1529 (asbestos in construction)
- §5144 (respiratory protection)

If you choose to use a consultant, they must be a Cal/OSHA Certified Asbestos Consultant.

Be sure your submission is:

- Up to date;
- Tailored to fit your operation (in terms of your management structure, forms, use of respirators for other contaminants and supplied air respirators, removal work limited to, for example, roofing or flooring, other specific work practices, etc.);
- Understandable
- Submitted in Adobe Acrobat, Microsoft Word or other format that is easily reviewed and corrected (have a copy in an electronic format)

2. The preparer, or anyone within the company may be assigned to review the P&P document and the checklist, to determine whether or not they meet our requirements before submitting them to us. The checklist must be accurately completed and signed by the reviewer prior to submittal.

**Note – We will not review a P&P submittal that is not accompanied by an accurately completed P&P checklist.**

### ***How we evaluate the submission***

We check for inclusion of items, accuracy and, to some extent, readability. If it is out of date or contains omissions and errors we will reject it as deficient.

### ***DOSH “approval” of the procedures and checklist***

Our review and acceptance of the P&P document does not constitute an approval of every element as correct or applicable to every work situation. We are checking for inclusion of at least all of the items noted in the checklist.

**You must keep the procedures up-to-date, and at each of your jobsites maintain a copy that is available to DOSH inspectors, the building owner, employees, and other employers.**

Entity Name: \_\_\_\_\_

Version No: \_\_\_\_\_



# P&P INSTRUCTIONS & CHECKLIST

## INSTRUCTIONS

We cannot review your submittal if you do not provide the requested P&P documents in the following format:

- Created in an electronic and editable format that allows you to easily revise them in response to our comments or, in the future, as regulations change
- **Numbered Pages**
- **Dated** (to determine time of revision) on the bottom of each page
- **Table of Contents**
- **Tabbed and with dividers** for each section and attachments. The checklist is formatted by sections and subsections. You are encouraged to use this same framework for your P&P if desired. .
- **With a P&P Checklist:**
  - Accurately completed
  - Providing, in the blank spaces, specific pages, paragraph numbers, for the locations of the items requested
  - With the printed name, signature, title, phone and email address of the person responsible for the accurate completion of the checklist so that they may be contacted to discuss our evaluation

## A RESPONSIBILITIES

### A.1 Management

**Explanation:** We want evidence of management accountability over the removal process. Designate the management official responsible for supervising the competent person(s) on a day-to-day basis. This manager must have:

- The authority and responsibility to discipline a competent person(s)
- Read and will enforce the requirements found in your organization's policies and procedures (P&P)
- An understanding of the regulations that apply to asbestos-related work. In small companies, this management official will often be the owner. For contractors, this person can be the CSLB qualifier, if they are involved on a day-to-day basis. This is often not possible when this person is the qualifier for other companies.

**Write:**

Section	Topic	Page(s)	Paragraph
A.1.1	State that the management person(s) is responsible for supervising the competent person(s) on a day-to-day basis and list their general duties, as described above. Refer to the Assurances of the Competent Person form(s).		

### A.2 Certified Supervisor (e.g., Competent Person)

**Explanation:** The competent person plays a key role in carrying out the asbestos work safely. Title 8 gives them very specific duties. We require that management state these duties clearly and fully authorize the competent person to carry them out.

**Write:**

Section	Topic	Page(s)	Paragraph
A.2.1	State that the competent person has the authority and responsibility to carry out the duties described in your policies, procedures and programs and will be present during all asbestos-related work as required.		
A.2.2	List the duties of a competent person as described in §1529 and noted below:		
	a. Evaluating alternative controls. Allowed when there is less than 25 linear or 10-sq. ft. of TSI and surfacing (g)(6)(B)1. & for Class II work (g)(8)(F)2		
	b. Inspecting protective worksuits at least once per work shift for rips for tears and ensuring they are mended or replaced (i)(4)(A)		
	c. Performing on-site inspections (o)(3):		

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	i.	At least once during each work shift for Class I jobs		
	ii.	Frequently at sufficient intervals for other work		
	iii.	Always at the request of an employee		
	d.	Performing or supervising all the duties listed in (o)(3)(A):		
	i.	Set up the regulated area, enclosure or other containment		
	ii.	Ensure by on-site inspection the integrity of enclosure/containment		
	iii.	Set up procedures to control entry to & exit from regulated area		
	iv.	Supervise all employee exposure monitoring and ensure that it is conducted as required by §1529(f) Note: If the actual task of air monitoring is delegated to another, state who this is (name, profession, job class) and what their qualifications are		
	v.	Ensure that all employees working within the regulated area wear respirators and protective clothing as required by §1529(h) and (i)		
	vi.	Ensure through on-site supervision that employees set up, use, and remove engineering controls, use work practices and personal protective equipment in compliance with all requirements		
	vii.	Ensure that employees use the hygiene facilities and observe the decontamination procedures specified in §1529(j)		
	viii.	Ensure that, through on-site inspection, engineering controls are functioning properly, and employees are using proper work practices		
	ix.	Ensure that the notification requirements in §1529(k) are met		
	e.	For Class II work, to determine if the material is intact		
	f.	Ensuring that entry to the regulated area be granted only to those employees who have provided copies of their current fit test, training certificate, and medical surveillance records to the Certified Supervisor		
	g.	The Certified Supervisor will maintain copies of all of the employees' current fit test, training certificate, and medical surveillance records on-site, and make them available to DOSH personnel conducting inspections or audits		

### A.3 Injury & Illness Prevention Program (IIPP)

**Explanation:** All employers operating in California must have an IIPP. The IIPP describes how you will enforce your policies through discipline, recognition, self-inspection and any other method. We will review two of its components, enforcement and hazard assessment.

**Write:**

Section	Topic	Page(s)	Paragraph
A.3.1	Provide a copy of the enforcement and hazard assessment portions of your IIPP		
A.3.2	Hazard Inspection and Correction for asbestos work- Aside from a general inspection policy for all worksites, either in your IIPP or elsewhere, you must have a policy calling for management initiated inspections of the asbestos worksite:		
	a. By managers other than the competent person for the particular job		
	b. At a specified frequency		
	c. Using an asbestos removal work inspection form that covers significant asbestos work practices and control measures and is referenced by name in your policy		
A.3.3	Provide a copy of the asbestos removal work inspection form		

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### A.4 Training

**Explanation:** Depending on the work you perform and your registration type, you must provide training to anyone performing asbestos-related work.

**Write:**

Section	Topic	Page(s)	Paragraph
A.4.1	Your policy for providing asbestos training, in terms of cost and personnel;		
A.4.2	The types and frequency of training you must provide;		
A.4.3	How you verify employee-provided training records before allowing them to work;		
A.4.4	For work in California, the training provider must be DOSH approved;		
A.4.5	Your policy to maintain, at the job site, a copy of the training certificate for each employee who enters the regulated area.		

## B. PROJECT PROCEDURES

**Explanation:** In general, provide step-by-step description of the preparations that are necessary to conduct asbestos-related work in compliance with the regulatory requirements.

### B.1 Survey

**Explanation:** You must first determine what the scope and nature of the abatement job by identifying the presence, location and quantity of ACM (asbestos-containing material), PACM (presumed asbestos-containing material), and/or, ACCM (asbestos-containing construction material). See §1529(k)(3)(A) and Labor Code section 6501.9. Either:

- The building owner and you may presume the material is asbestos;
- You can get an asbestos survey from building owner; or,

One of your personnel may take up to 12 bulk samples in residential construction (a 4-plex or smaller residential building) for bid purposes (Business & Professions Code §7180(b)) if the person who samples has successfully completed AHERA Asbestos Inspector training and possesses a current certificate from a DOSH approved training provider.

**Write:**

Section	Topic	Page(s)	Paragraph
B.1.1	If you conduct bulk sampling for bid purposes on residential construction only, identify who conducts bulk sampling and provide their AHERA Building Inspector training certificate		
B.1.2	Your policy regarding obtaining surveys and/or assuming material to be PACM		

### B.2 Job Scope Description

**Explanation:** The individual who initially views the site, evaluates existing surveys or performs bulk sampling, and provides a bid to the consumer is not always the competent person who will oversee the work. We want a process by which management lets the competent supervisor know what type of work will occur and what general measures they must take.

**Write:** Briefly describe the above process and supply a blank copy of the form you use to provide information and instructions about the scope of the job and removal measures to the competent person. Some of this information must also be provided to DOSH on the worksite notification form and is similar to those issues management must cover in the worksite inspections they conduct to check up on competent persons. You may also want to refer to other job-related information, including specifications & drawings, and provide reminders to obtain local permits and send the DOSH/Air Quality notifications.

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Section	Topic	Page(s)	Paragraph
	Provide a copy of a job scope form, which includes at least the following:		
B.2.1	Amount, percentage, type and condition of asbestos-containing construction material. In actual use, you may attach survey documents you obtain from building owners or results for bulk sampling you perform. Assessments of condition may come from observations by certified asbestos consultants (CAC's) or could be your own judgement, made for health and safety purposes only, not as advice to the building owner.		
B.2.2	Proposed work practices- This begins with defining the class of work and then briefly noting general methods such as critical barriers, negative pressure enclosure, glove bag, 3-stage decontamination facility, protective clothing, respiratory protection, air monitoring, etc.		
B.2.3	Special conditions or safety issues (fall protection, electrical safety, fire, etc.).		
B.2.4	An evaluation of exposure potential- This may be decided separately by the competent person, but is required on the DOSH worksite notification form 24 hours ahead of time. A suggested format for the response could include noting if exposures are expected to be less than 0.1 f/cc; greater than 1 f/cc; in between these two values; or unknown.		

### B.3 Notification- Prior to Work:

**Explanation:** Notifying others on-site is an important task for the competent person, as required at Title 8 §1529(d)(1)& (k)(3)(B), §341.10, §341.11.

#### Write:

Section	Topic	Page(s)	Paragraph
B.3.1	Your policy to hold a pre-job safety conference including building owner or contracting entity, the employer conducting the removal (you), employees and employee representatives. During the safety conference, you will review your safety program and the equipment and practices you will use to provide a safe and healthy workplace		
B.3.2	Describe how you will tell building owners, your employees and other employers in adjacent areas about:		
	a. Measures for the prevention of asbestos exposure		
	b. Location and quantity of ACM/PACM		
	c. The existence of and requirements for regulated areas		
B.3.3	Provide a copy of the registration certificate to the prime contractor (building owner) and other employers on site.		
B.3.4	Post the registration certificate at the work site beside the Cal/OSHA poster		
<b>Notification to the Division of Occupational Safety &amp; Health</b>			
<b>Write:</b>			
B.3.5	State that you will provide written notice to the nearest District Office of DOSH prior to the commencement of any asbestos-related activity.		
B.3.6	State your conditions for "immediate" (e.g., emergency) abatement.		

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B.3.7	<p>Either say that you will use our notice, provide a sample of your own written notice or that of another agency that includes the following information (§341.9):</p> <ol style="list-style-type: none"> <li>Address;</li> <li>Precise physical location;</li> <li>Projected starting and completion date</li> <li>Name of the certified supervisor/competent person and the qualified person (if different);</li> <li>Type of work- Include the material(s), % asbestos, if known, amount and, for Class II work, if intact or not;</li> <li>Work practices- Include Class of work, decontamination type, general control measures (critical barriers, wet methods, HVAC isolation, neg. pressure enclosure, mini enclosure, glove bag), personal protection (full-body coveralls, half mask respirator, PAPR), waste disposal and any other alternative method;</li> <li>Evaluation of the potential for exposure- Give one number or a range of expected levels such as less than 0.1 f/cc; 0.1 – 1.0 f/cc; greater than 1.0 f/cc; unknown).</li> </ol>		
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### B.4 Initial Exposure Assessment

**Explanation:** §1529 has minimum control requirements and levels of protection triggered solely by the Class of work. However, you still must make an initial exposure assessment to decide on many aspects of control and PPE measures. You must base the assessment upon your training and experience, including past monitoring and other information, such as type, amount, and condition of materials you will remove/disturb.

Federal OSHA Interpretation CPL 2-2.63 (REVISED) states, "The assessment must review relevant controls, conditions and factors that influence the degree of exposure. These include, but are not limited to, quality of supervision and of employee training, techniques used for wetting the ACM, placing and repositioning the ventilation equipment and impacts due to weather conditions. The assessment must be based on a review of all aspects of the employer's performance performing similar jobs."

**Write:**

Section	Topic	Page(s)	Paragraph
B.4.1	Discuss the duty and method of performing an initial exposure assessment, as described above.		

### B.5 Negative Exposure Assessment

**Explanation:** If you can prove, using accurate and appropriate air monitoring data or objective data, that all of the exposures will be below the PEL's, you can establish a negative exposure assessment (NEA) for this type of work. Remember that this is not a casual process. Obtaining and fully documenting the necessary representative air monitoring data is a difficult undertaking generally beyond what can be done in the course of routine daily air sampling. **Note:** In the future, if you apply/develop a NEA do not send it to us. You will have to supply it to a DOSH compliance inspector when they inspect your operations. §1529(f)(2)(C) requires that NEA's be based on one of the following:

1. "Objective data" demonstrating that the material or product cannot cause exposures in excess of the 8-hour or 30 minute exposures limits under work conditions with the greatest potential for releasing asbestos
2. Monitoring under conditions "closely resembling" those to which the NEA is intended to apply, and conducted within the prior 12 months.

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3. Results of initial exposure monitoring of the current job that are representative of the 8-hour TWA and 30-minute exposures of each employee covering operations most likely during the performance of the entire asbestos job to result in exposures over the PELs.

**Write:**

Section	Topic	Page(s)	Paragraph
B.5.1	Either state that you will not establish NEA'S, or detail how you will establish NEA's based on one or more of the three methods described above:		
B.5.1	Strict requirements must be met to establish a Negative Exposure Assessment as per 8CCR 1529(f)(2)(C)1., 2., or 3.		
B.5.2	When establishing an NEA based on objective data per 8 CCR 1529(f)(2)(C)1., the expertise that you will employ and the process by which you will prove that the material in question cannot cause exposures in excess of either of the PELs under those working conditions having the greatest potential for releasing asbestos.		
B.5.3	When establishing an NEA based on historical monitoring (within the prior 12 months) per 8 CCR 1529 (f)(2)(C) 2., the conditions of work, including such aspects as amount and condition of material, training, supervision, control methods and other relevant factors are the same as those existing when the NEA was established.		

### B.6 Notification - After Completion:

**Explanation:** Within 10 days of the completion of the removal you must inform the building owner and employers of employees who will be working in the area of the current location and quantity of PACM and/or ACM remaining in the area.

**Write:**

Section	Topic	Page(s)	Paragraph
B.6.1	Describe this duty and how you will carry it out.		

## C. ASBESTOS REMOVAL PROCEDURES

**General Explanation:** This is a crucial section to demonstrate your knowledge and provide a step-by-step procedural outline for your organization. We suggest that you begin with a general discussion for asbestos removal measures common to all (such as regulated areas and prohibitions) and follow with the procedures for Class I, II and III work. There are other formats that could make sense. However, we will not accept jumbled descriptions that employees could not use as a guide.

**Code of Safe Practices:** All employers in California with places of employment where the Construction Safety Orders apply must have a written Injury Illness Prevention Program (IIPP) and Code of Safe Practices (CSP) which addresses all of the hazardous conditions to which the employees are exposed, and this CSP must be kept onsite. Among these are hazardous conditions that are especially important in asbestos abatement operations. Although we do not ask for a copy of your company's IIPP or CSP, and will not review it if it is submitted. However, your IIPP and CSP should incorporate reference to your P&Ps for Asbestos Removal.

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C.1 General Requirements			
Requirement for Registration		Page(s)	Paragraph
Describe the circumstances under which an employer or contractor must be registered with the Division in order to lawfully conduct asbestos-related work.			
<b>Include:</b>			
The definition of “asbestos-related work,” and the associated Title 8 Code reference for the location of this definition.			
The definition of “asbestos-containing construction material” and the associated Title 8 Code reference for the location of this definition.			
The minimum extent of work requiring registration, and the associated Title 8 Code reference for this regulation.			
Section	Topic	Page(s)	Paragraph
<b>Class of Work Definitions</b>			
You can use the definitions in §1529(b) and add the types of materials these typically include:			
C.1.1	Define Class I asbestos work		
C.1.2	Define Class II asbestos work		
C.1.3	Define Class III asbestos work		
	a. For Class III work add the definition of “Disturbance”		
<b>Prohibited Work Practices</b>			
C.1.4	From §1529(g)(3)		
C.1.5	Blowing, shaking or brushing debris from protective clothing §1529(i)(1)		
C.1.6	Eating and other specified activities in the regulated area §1529©(5)		
C.1.7	Removing respirators in the equipment room §1529(j)(1)(c)		
<b>General Work Methods</b>			
C.1.8	HEPA vacuums as per §1529(g)(1)(A) & (I – Housekeeping)(1)		
C.1.9	Water and water amendments §1529(g)(1)(B)		
C.1.10	Enclosure or isolation of processes producing asbestos dust §1529(g)((2)(B)		
C.1.11	Ventilation of the regulated area to move contaminated air away from the breathing zone of employees and towards a filtration or collection device equipped with a HEPA filter §1529(g)(2)(C)		
C.1.12	Local exhaust ventilation equipped with HEPA filter collection systems, as necessary to keep below the PELs		
<b>Alternative Control Methods</b>			
As part of the class of work discussions or separately, discuss how you deal with situations where you must use alternative control methods such as for when the use of water is not effective feasible or dangerous as per §1529 for:			
C.1.13	Class I work (g)(6)		
C.1.14	Class II work (g)(8)(F)		
<b>Waste Clean-up, Labeling and Disposal</b>			
Use language from §1529, and you may add specifics for EPA/State transportation and waste rules			
C.1.15	Prompt clean-up and disposal in sealed, leak-tight containers (g)(1)(C) and (I - Housekeeping)(2)		
C.1.16	Labeling of wastes containing 1% or more of asbestos, (k)(8) (C) & (D)		
C.1.17	Final visual inspection of work area (here or within each Class of work)		

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C.2 Initial Set-Up Measures			
Section	Topic	Page(s)	Paragraph
<b>Regulated Areas</b>			
C.2.1	Triggers for establishing		
C.2.2	Demarcation		
C.2.3	Signage, including the specific language		
C.2.4	Limiting access		
C.2.5	Supervision		
C.2.6	Wearing a respirator in the regulated area when required by 1529(h)(1)		
<b>Critical Barriers</b>			
C.2.7	Definition		
C.2.8	Types of openings that are covered		
C.2.9	Discuss the materials/methods you will use		
C.2.10	Alternative methods to critical barriers, if you plan to use them		
<b>Decontamination- Three-stage Decontamination Facility:</b>			
C.2.11	Trigger for use		
C.2.12	Description of rooms:		
	a. Equipment Room		
	b. Shower- Include the requirements of §3366(f) for:		
	i. Hot and cold water feeding a common discharge line [e.g., shower head] for each ten employees showering during the same shift.		
	ii. Cleansing agents and clean towels		
	iii. When there are less than five employees, the same shower room may be used by both sexes if the shower room can be locked from the inside.		
	iv. Collecting and filtering the shower water so as to prevent contamination of the clean room and satisfy State and local discharge requirements.		
	c. Clean room, including storage of personal items		
C.2.13	Alternate methods for when it is not feasible to place a shower or clean room adjacent to the equipment room (you can combine these)		
C.2.14	Entry/exit procedures as in §1529(j)(1)(B) & (C). Include mention of how the respirator is cleaned and the disposal of cartridges. Note: Be aware that you cannot reuse most cartridges because you must wear the respirator while showering and the water can damage them. Some respirators may have NIOSH-approved assemblies or cartridges which make this feasible. The manufacturer's instructions should discuss this issue.		
<b>Decontamination- Area</b>			
C.2.15	For Class I work less than 25 linear or 10 sq.ft., and Class II & III work		
<b>Protective clothing for each class of work</b>			
C.2.16	Class I Work		
C.2.17	Class II Work		
If you intend to use non-disposable protective clothing, describe the procedure you will follow to handle and launder the contaminated clothing as required by §1529(i)(2).			
<b>Pre-cleaning procedures</b>			
C.2.18	Whether or not contamination exists is based on the condition of the asbestos materials and potentially affected surfaces and objects. This is		

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	determined during the initial exposure assessment. Describe when and how you may pre-clean surfaces and objects contaminated with asbestos.		
C.2.19	Briefly, the typical control preconditions for such work, including:		
	a. Regulated area established		
	b. Critical barriers in place		
	c. Impermeable drop cloths		
	d. Decontamination facility set up		
	e. General or local HEPA ventilation system operating to prevent the spread of contaminated air to the worker's breathing zone or outside of the regulated area		
	f. Workers in protective equipment and clothing		
	g. Air monitoring begun		
<b>Other Measures</b>			
C.2.20	Electrical lockout and use of ground fault circuit interruptors (GFCIs) per Title 8 §2340.11		
C.2.21	Here you can include or refer to non-asbestos measures for lockout/tagout, fire prevention, fall protection, emergency measures, etc. Although such procedures are required by different Title 8 regulations, including that of 1509(a) & (b), we will not review such procedures. At a minimum, you must at least refer to your Code of Safe Work Practices.		

### C.3 Class I Work

Discuss removal methods from §1529(g), as well as the practical measures you must take, as follows:

Section	Topic	Page(s)	Paragraph
<b>Negative Pressure Enclosures {§1529(g)(5)(A)}</b>			
C.3.1	Set-up of plastic enclosure		
C.3.2	Bag out of wastes		
C.3.3	Final visual inspection, clearance air monitoring (your role) and tear down		
C.3.4	Negative pressure requirements:		
	a. Minimum air change and negative pressure requirements		
	b. Maintenance of negative pressure at all times during use of the enclosure, <u>including provision for constant monitoring and alert of failure</u> such as by use of a manometer with recording capabilities and an alarm or a full-time attendant.		
C.3.5	Calculation of air changes:		
	a. Formula for determining the minimum number of "air-movers" required		
<b>NOTE: Provision should be made for one or more backup "air movers" in the event of mechanical failure.</b>			
C.3.6	Testing of enclosure using smoke tubes		
C.3.7	Ventilation equipment details, including:		
	a. Inspection and testing to ensure lack of contamination or failure		
	b. Primary and Secondary filter change procedure		
	c. Placement so as to move contaminated air away from the breathing zone of employees and towards a filtration or collection device equipped with a HEPA filter		
C.3.8	Emergency measures when the enclosure is breached and/or the pressure drops		
C.3.9	Deactivate electrical circuits in the enclosure unless equipped with ground-fault circuit interrupters.		

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<b>NOTE: Special Safety Considerations for Negative Pressure Enclosures</b>			
The following safety measures are required on all jobsites, but they are particularly important when Negative Pressure Enclosures are erected, as they often create an additional fire hazard and tend to slow the evacuation of personnel during an emergency. The following information, must be addressed in your company's Code of Safe Practices.			
C.3.10	Fire Extinguisher requirements regarding rating, location, quantity, and employee training from Title 8 §1922(a)(1), and §6151(g)		
C.3.11	Emergency Action Plan requirements from Title 8 §3220 describing the actions your company will take to ensure employee safety from fire and other emergencies.		
<b>Glovebags {§1529(g)(5)(B)}</b>			
C.3.12	Specifications:		
	a. 6 mil thick plastic and seamless at bottom		
	b. When used on elbows & other connections must be designed for the purpose		
	c. Used without modifications		
C.3.13	Work Practices:		
	a. Before beginning the operation, wrap and seal loose and friable material adjacent to glovebag with two layers of six mil plastic to render intact		
	b. Installed so that it completely covers the circumference of the pipe/structure being stripped		
	c. Smoke tested for leaks, and leaks sealed prior to use		
	d. Used only once, and may not be moved		
	e. Not used on surfaces whose temperature exceeds 150°F		
	f. Remove air/collapse with HEPA vacuum before removal and disposal		
	g. At least two persons shall perform Class I glovebag removal operations		
<b>Negative Pressure Glovebag Systems {§1529(g)(5)(B) &amp; (C)}</b>			
C.3.14	In addition to the procedures for glovebag removal, negative pressure glovebag systems are kept under constant negative pressure using a HEPA vacuum or similar ventilation unit.		
<b>Negative Pressure Glove Box Systems {§1529(g)(5)(B) &amp; (D)}</b>			
In addition to the procedures for glovebag removal, negative pressure glove box systems are:			
C.3.15	Kept under constant negative pressure using a HEPA vacuum or similar ventilation unit		
C.3.16	Constructed with rigid sides from metal or other material that can withstand the weight of the ACM/PACM and the water used during removal		
C.3.17	Fitted with gloved apertures, and a bagging outlet aperture at the base		
<b>Mini-enclosures {§1529(g)(5)(F)}</b>			
C.3.18	Specifications:		
	a. Accommodates no more than 2 persons		
	b. Material being disturbed/removed is completely contained by the enclosure		
	c. Constructed of 6 mil thick plastic or equivalent		
	d. Enclosure is kept under constant negative pressure using a HEPA		

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	vacuum or similar ventilation unit		
C.3.19	Work Practices:		
	a. Smoke tested for leaks, and leaks sealed prior to use		
	b. Installed so that it completely covers the circumference of the pipe/structure being stripped		
	c. During use, direct air movement away from the employee's breathing zone		
C.3.20	Before reuse, the interior must be completely HEPA vacuumed, and washed with amended water		

### C.4 Class II Work

Section	Topic	Page(s)	Paragraph
C.4.1	Definition of intact		
C.4.2	Duty of competent person to determine intact condition of asbestos materials prior to beginning work		
C.4.3	Critical barriers, and/or Class I methods shall be used for all indoor Class II jobs where:		
	a. A Negative Exposure Assessment has not been produced		
	b. Or the exposure may be above the PEL		
	c. Or where the ACM is not removed in an intact state		
<b>Class II Flooring {§1529(g)(8)(A)}</b>			
C.4.4	Procedures:		
	a. Resilient flooring material including associated mastic and backing shall be assumed to be asbestos-containing unless an industrial hygienist determines that it is asbestos-free using recognized analytical techniques		
	b. Vacuums equipped with HEPA filter, disposable dust bag, and metal floor tool (no brush) shall be used to clean floors. If you are also using a Class I method you can briefly mention and refer to earlier discussions.		
	c. Resilient sheeting removed by cutting while wetting at snip point and wetting the material during delamination		
	d. All scraping of residual adhesive and/or backing performed using wet methods		
C.4.5	Prohibitions:		
	a. Flooring or its backing shall not be sanded		
	b. Rip-up of resilient sheet floor material is prohibited		
	c. Dry sweeping is prohibited		
	d. Mechanical chipping unless performed in a negative pressure enclosure meeting the requirements of §1529(g)(5)(A)		
	e. Tiles shall be removed intact unless demonstrated that intact removal is not possible		
	f. When tiles removed intact by heating, wetting may be omitted		
<b>Class II Roofing {§1529(g)(8)(A)}</b>			
C.4.6	Roofing material removed intact to the extent feasible		
C.4.7	For roofing materials that are not intact or will become non-intact during removal, wet methods used unless it is not feasible or creates safety hazards		
C.4.8	Cutting machines constantly misted unless a competent person determines that misting substantially decreases worker safety		

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C.4.9	All dust resulting from use of power roof cutter will be collected by a HEPA dust collector, or by HEPA vacuuming along the cut line, or by gentle wet sweeping and wiping and immediately bagged/containerized		
C.4.10	Removed roofing material shall not be dropped or thrown to the ground		
C.4.11	Removed roofing material shall either be kept wet, placed in an impermeable waste bag, or wrapped in plastic sheeting while waiting to be lowered to the ground		
C.4.12	Removed roofing materials will be carried or passed to the ground as soon as is practicable, but in any event no later than the end of the work shift, by hand, crane, or hoist, or a covered dust-tight chute		
C.4.13	Upon being lowered, unwrapped roofing material shall be transferred to a closed receptacle in a manner so as to preclude the dispersion of dust		
C.4.14	Roof level heating and ventilation air intake sources shall be isolated, and/or the ventilation system shall be shut down		
<b>Cementitious Siding, Shingles, and Transite Panels {§1529(g)(8)(C)}</b>			
Work practices when removing cementitious siding, shingles, and transite panels from building exteriors other than roofs:			
C.4.15	Shall not be cut, abraded or broken unless it is demonstrated that methods less likely to result in asbestos fiber release cannot be used		
C.4.16	Each panel or shingle will be sprayed with amended water prior to removal		
C.4.17	Unwrapped or un-bagged panels or shingles shall be immediately lowered to the ground via covered dust-tight chute, crane or hoist, or placed in an impervious waste bag or wrapped in plastic sheeting and lowered to the ground no later than the end of the work shift		
C.4.18	Nails shall be cut with flat, sharp instruments		
<b>Gaskets {§1529(g)(8)(D)}</b>			
C.4.19	Gaskets that are visibly deteriorated and unlikely to be removed intact, shall be removed within a glovebag		
C.4.20	Removed gaskets shall be immediately placed in a disposal container		
C.4.21	Any scraping to remove gasket residue will be performed wet		
<b>Other Class II Materials {§1529(g)(8)(E)}</b>			
Work practices for removal of Class II material for which specific controls have not been listed:			
C.4.22	Thoroughly wetted with amended water prior to and during removal		
C.4.23	Removed intact unless demonstrated that intact removal is not possible		
C.4.24	Cutting, abrading or breaking the material is prohibited unless demonstrated that methods less likely to result in asbestos fiber release are not feasible		
C.4.25	Material removed, shall be immediately bagged or wrapped, or kept wetted until transferred to a closed receptacle, no later than the end of the work shift		
<b>Working With Materials That Contain Less than 1% Asbestos</b>			
Describe the procedures your company will follow when asbestos is present in concentrations less than or equal to 1%.			
If your company policy is to treat such material as if it were Class II, or Class I, then make that policy statement and write N/A in the spaces below.			
Otherwise, provide your policies, and include the following:			
C.4.26	Control measures		
C.4.27	Respiratory protection		
C.4.28	Protective clothing		
C.4.29	Decontamination		

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C.4.30	Employee training		
<b>Working With Naturally Occurring Asbestos (NOA) That Contains Greater than 1% Asbestos</b>			
Describe the procedures your company will follow when working with NOA containing asbestos in concentrations greater than 1%.			
If your company policy is to treat such material as if it were Class II, or Class I, then make that policy statement and write N/A in the spaces below.			
Otherwise, provide your policies, and include the following:			
C.4.31	Control measures		
C.4.32	Respiratory protection		
C.4.33	Protective clothing		
C.4.34	Decontamination		
C.4.35	Employee training		

### D. RESPIRATORY PROTECTION PROGRAM

**Explanation:** You must provide us with a copy of your written respiratory protection program required by §5144. Our Checklist provides guidance for certain elements, relating to asbestos, that we look for in our review. This does not guarantee your program meets all the requirements of Title 8. You may need more information for your specific situation, particularly for non-asbestos hazards.

- Asbestos-specific regulations- While §5144 sets up a general respiratory protection program, for asbestos, §1529(h) mandates specific asbestos criteria. Selection is based upon Class of work and 1529(m) is the basis for clearing an employee for respirator use.
- Assistance – The Cal/OSHA Consultation Service has produced a publication entitled “*Respiratory Protection in the Workplace – A Practical Guide for Small-Business Employers*”. This publication may help you develop a respiratory protection program. It can be ordered or downloaded at the DOSH publications website: [www.dir.ca.gov/dosh/PubOrder.asp](http://www.dir.ca.gov/dosh/PubOrder.asp).

#### D.1 Program Administrator

Section	Topic	Page(s)	Paragraph
D.1.1	Designation of a Program Administrator as per 8CCR 5144(c)(3). <u>Describe and attach documentation</u> of qualifications by training or experience and their responsibilities.		

#### D.2 Respirator Selection

Section	Topic	Page(s)	Paragraph
D.2.1	1) General requirements §5144(d)(3)(A)		
D.2.2	2) Provision of respirators, training and medical evaluations at no cost §5144(c)(4)		
D.2.3	3) NIOSH approval §5144(d)(1)(B)		
D.2.4	A description of the respirators you provide for Class I work, including set up, and other situations		
D.2.5	The minimum trigger conditions as in §1529(h)(3)(D) and (E)		
D.2.6	A description of the respirators you provide for Class II & III work		

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D.2.7	For §1529(h)(3)(D), if your choice is always a powered air-purifying respirator (PAPR) for Class I work, just state that you are using a tight-fitting PAPR for Class I work if there is not a negative exposure assessment and exposure levels are not above 1 f/cc.		
D.2.8	Procedures to implement when exposures are anticipated to be or greater than 1 f/cc. Either stop work until the problem is corrected or follow the requirement in §1529(h)(3)(D) for a full-face, supplied-air pressure demand respirator with an auxiliary SCBA.		
D.2.9	Provision for providing a PAPR to employees choosing to use this type of respirator if it will provide adequate protection per §1529(h)(3)(B)		

### D.3 Medical Evaluation

Section	Topic	Page(s)	Paragraph
D.3.1	Your policy must include medical evaluations performed prior to respirator fit testing and issuing respiratory protection to employees, <u>and transfer requirements for those who do not obtain medical clearance as in §1529(h)(2)(B).</u> Provide the details of your policy here, or make reference to the section in your medical surveillance program where you have written the specific policy language.		

### D.4 Fit Testing

Section	Topic	Page(s)	Paragraph
D.4.1	Frequency of fit testing and re-testing §5144(f)(2), (3) & (4)		
D.4.2	A statement that all respirators must be fit tested to assure the required protection factor. PAPR and Type C (with filter attachment) respirators must be at least qualitatively fit tested <b>with the air off and the appropriate filters</b> in place to ensure a protection factor of at least 10 for escape purposes.		
D.4.3	Names of the fit test protocols used by your company		
D.4.4	Provide copies of the fit test protocol(s) your company will use.		
D.4.5	Include a copy of your fit test form containing the information required in §5144(m)		
D.4.6	Include policy language stating that a copy of the current fit test form for each employee entering the regulated area will be kept at the jobsite		

### D.5 Use

Section	Topic	Page(s)	Paragraph
D.5.1	Facepiece seal protection (facial hair and other conditions) §5144(g)(1)		
D.5.2	Inspection prior to use §5144(h)(3)(A)1.		
D.5.3	Negative and positive user seal checks prior to donning §5144(g)(1)(C). You can refer to §5144 Appendix B-1 and include a readable copy in the rear.		
D.5.4	Continuing respirator program effectiveness §5144(g)(2)		
D.5.5	Maintaining legible NIOSH approval labels on filters, cartridges and canisters §5144(j)		

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## P&P INSTRUCTIONS & CHECKLIST

### D.6 Maintenance & Care

You may refer to and attach a readable copy of §5144 Appendix B-2, and the respirator manufacturer's instructions. See §5144(h) and §5144 Appendix B-2 for specific requirements.

Include:

Section	Topic	Page(s)	Paragraph
D.6.1	Cleaning and disinfecting:		
	a. Policy		
	b. Procedures		
D.6.2	Storage		
D.6.3	Inspection (include flow checks for PAPR's)		
D.6.4	Repairs		

### D.7 Supplied Air

If you expect to use supplied air respirators, you must discuss them. Otherwise, state you do not use them. See §5144(i) for specific requirements.

Include:

Section	Topic	Page(s)	Paragraph
D.7.1	Inspection procedures for mask, hoses, cylinders, compressors and all other equipment;		
D.7.2	Type, source, and purity of breathing air required to be used		
D.7.3	Marking requirements for cylinders		
D.7.4	Tags for recording inspections		
D.7.5	Any other use instructions, such as from the manufacturer		
D.7.6	Name/position of individual(s) who maintains the compressors and/or SCBAs		
D.7.7	Training description		

### D.8 Training & Information

See §5144(k) for specific requirements.

Include:

Section	Topic	Page(s)	Paragraph
D.8.1	Training and retraining		
D.8.2	Training knowledge outcome and conduct		
D.8.3	Provision of written information for voluntary use (if applicable)		

### D.9 Program Evaluation

See §5144(k) for specific requirements.

Include:

Section	Topic	Page(s)	Paragraph
D.9.1	Evaluations		
D.9.2	Consultation with employees		

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## P&P INSTRUCTIONS & CHECKLIST

### D.10 Recordkeeping for Respirators

See §5144(k) for specific requirements.

#### Include:

Section	Topic	Page(s)	Paragraph
D.10.1	Fit testing information		
D.10.2	Fit testing form		
D.10.3	Retention		
D.10.4	Maintenance and availability		

## E. EXPOSURE MONITORING PROGRAM

### E.1 Permissible Exposure Limits

Section	Topic	Page(s)	Paragraph
E.1.1	For the two different types of PELs for asbestos found in §1529 provide their name and numerical value including units and timeframes		
E.1.2	Explain how you select which personnel and procedures to monitor, and how many samples to collect in order to perform representative monitoring		
E.1.3	Explain how the sampling time period (full shift AND 30 minutes) is selected		
E.1.4	How to calculate the 8-hour time-weighted average (TWA) exposure, including:		
	a. Sampling and work time equal to or less than 8 hours		
	b. Sampling and work time more than 8 hours		
	c. The formula to be used to calculate the 8-hour TWA		

### E.2 Frequency of Monitoring

Section	Topic	Page(s)	Paragraph
E.2.1	The frequency of monitoring by Class of work		
E.2.2	When you can terminate monitoring		
E.2.3	When you must conduct additional monitoring		

### E.3 Methods of Monitoring

Provide a step by step monitoring procedure.

Section	Topic	Page(s)	Paragraph
E.3.1	Name of the sampling and analytical method used		
E.3.2	Items 1-7 and 11 from Appendix A, §1529.		
E.3.3	Calibration:		
	a. Requirements for the secondary standard you use in the field.		
	b. Description of how you use calibration curves		
	c. Current calibration records (attach)		
	d. Correction for temperature and pressure variations		
E.3.4	Form you use to document monitoring.		
	Include:		
	All the information required by 8CCR 1529(n)(2)(B)		
	Provide space to enter the ID's of the calibration device and the sampling pumps, as evidence of the accuracy of sampling. Note the need to attach current calibration curves.		

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	Have a field to enter both the results from the analytical lab and the final 8-hour TWA and Excursion Limit calculation. If the lab will calculate the 8-hour TWA, note this on your sampling form, make sure they state this on their report form and preserve as a permanent record.		
E.3.5	Perimeter monitoring methods- Only if you perform this in place of critical barriers or for purposes of alternate Class I methods, the EPA AHERA reference method in 40 CFR, Part 763, Subpart E, Appendix E. If not, just write "n/a" here.		

### E.4 Methods of Analysis

Section	Topic	Page(s)	Paragraph
E.4.1	Refer to Appendix A or B and specify that you will only use laboratories that are currently accredited by the American Industrial Hygiene Association (AIHA) for analysis of asbestos air samples by phase contrast microscopy.		

### E.5 Employee Notification of Air Monitoring Results

Section	Topic	Page(s)	Paragraph
E.5.1	State your policy. It must be consistent with 8 CCR 1529(f)(5)		

### E.6 Employee Right to Observe Monitoring

Section	Topic	Page(s)	Paragraph
E.6.1	State your policy. It must be consistent with 8 CCR 1529(f)(6)		

### E.7 Clearance Monitoring Prohibition

Section	Topic	Page(s)	Paragraph
E.7.1	Discuss how contractors are not allowed to perform clearance monitoring on behalf of a building owner. Only DOSH-Certified Asbestos Consultants can do so. See the Business & Professions Code §7180(b)(3) and §7187.		

### E.8 Conflict of Interest by Certified Asbestos Consultants

Section	Topic	Page(s)	Paragraph
E.8.1	Discuss how conflict of interest provisions in the Business & Professions Code §7187 prevents Certified Asbestos Consultants (CAC's) hired by a building owner from having a "financial or proprietary interest in an asbestos abatement contractor hired for the same project." And how the contractor cannot hire the CAC as that establishes a conflict of interest.		

## F. MEDICAL SURVEILLANCE PROGRAM

**Explanation:** Provide a policy for medical surveillance program. Use the language of the code altered to make your own policy based on the following sections of §1529.

**Write:**

Section	Topic	Page(s)	Paragraph
F.1	Coverage (m)(1)(A)- You can simply state that you provide an exam to everyone prior to work or use the code language altered to fit your policy		
F.2	Frequency (m)(2)(A)		
F.3	Exam content (m)(2)(B) - Describe and refer to the Table for X-ray frequency		

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F.4	Information provided to physicians (m)(3)		
F.5	Content of written opinion (m)(4)		
F.6	How results are given to employees within 30 days (m)(4)(C)		
F.7	State that you will verify the authenticity of any medical records presented to you by employees, and only accept authentic medical records.		
F.8	Include readable copies of the questionnaires		
F.9	A copy of the physicians opinion for each employee entering the regulated area will be kept at the jobsite		

### G. RECORDKEEPING PROGRAM

**Explanation:** Provide a policy for all your asbestos removal recordkeeping in one place. If you also want recordkeeping language in the relevant P&P sections, duplicate the wording or just refer to this section.

**Write:**

Section	Topic	Page(s)	Paragraph
G.1	Your policy must include:		
	a. Objective data for NEA §1529(n)(1)		
	b. Exposure §1529(n)(2)		
	c. Medical surveillance §1529(n)(3)		
	d. Respiratory Protection §5144(m)		
	e. Training records §1529(n)(4)		
	f. Availability §1529(n)(7) <b>Note:</b> "Director" is of NIOSH		
	g. Transfer of records §1529(n)(8)		

### H. LIST OF EQUIPMENT

**Explanation:** We want evidence that you have knowledge of some of the equipment commonly used to safely perform asbestos-related work and comply with requirements of §1529. If the company does not currently own the items listed below, they must be purchased or rented prior to the commencement of any asbestos-related work.

**Write:**

Section	Topic	Page(s)	Paragraph
H.1	Provide a list of the specific equipment (include the manufacturer and model except for those items starred *), that your company either currently owns or will obtain prior to the commencement of any asbestos-related work.		
<b>Air filtration:</b>		<b>Protective Clothing:</b>	
• Negative air machines		• Coveralls	
• HEPA vacuums		• Gloves (disposable/work)*	
• HEPA filters		• Safety goggles*	
• Manometer		• Hard hats*	
		• Rubber boots*	
<b>Disposable Materials:</b>		<b>Respiratory Protection:</b>	
• Plastic- 6 mil./fire-retardant		• Respirator make, model, style	
• Plastic waste bags		• Cartridge type	
• Glove Bags		• Fit-test equipment	
• Wetting agent/Surfactant		• Air compressor (if used)	
• Encapsulant		• Breathing air purification system (if used)	
		<b>Other Equipment:</b>	
		• Portable shower system & water heater	
		• Water filtration unit	
		• Water sprayer	
		• HEPA Vacuum	
		• GFCI receptacle/boxes/panel	
		• Bulk sampling equipment	

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## P&P INSTRUCTIONS & CHECKLIST

### J. CHECKLIST PREPARER STATEMENT

To be signed by the applicant listed in Form ACRU 186a.

Under penalty of perjury, I have reviewed this checklist and the Policies and Procedures for Asbestos-Related Work document to which they pertain. The checklist as completed, accurately reflects the pages on which the requirements noted appear in the Policies and Procedures

---

Print Name & Title

Signature

Date

---

Company/Organization Name

Phone #

E-mail Address

Entity Name: \_\_\_\_\_

Version No: \_\_\_\_\_



## Title 8 CCR Section 5203 Temporary Worksite Notification (Report of Regulated Carcinogen Use including Asbestos-Related Work)

Company/Employer Name: \_\_\_\_\_

Headquarters Address: \_\_\_\_\_

Title 8 Regulated Carcinogen used: \_\_\_\_\_ "Report of Use" Registry Number: \_\_\_\_\_

Address of Temporary Worksite and Precise Location: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contractors State License Board License Number: \_\_\_\_\_

\*DOSH-Asbestos Unit (Cal/OSHA) Asbestos Registration Number: \_\_\_\_\_

\*Name of Certified Supervisor/contact information: \_\_\_\_\_

\*Name/contact info of Qualified Person(s) in Charge of Air Monitoring/Lab Analysis and site safety: \_\_\_\_\_

\*Name/contact info of DOSH Certified Asbestos Consultant(s) and Technician(s): \_\_\_\_\_

Projected Job Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

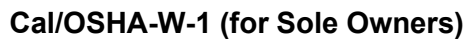
Describe Type, Scope and Work Practices of the Job: \_\_\_\_\_

Evaluation of Potential for Exposure: \_\_\_\_\_

Estimated Number of Employees on this Job: \_\_\_\_\_

**Provide at least 24 hours notice to the nearest DOSH district office prior to the start of any regulated carcinogen temporary worksite regulated by section 5203(e). Additional information marked with a \* are required for a job or phase of asbestos-related work requiring the employer or contractor to be registered by section 341.9. Do not send this notification to DOSH Headquarters or to DOSH Consultation. This will not satisfy the notification requirement and could result in citation.**

**Note:** Any change in the information provided to the District Office by the written notice shall be reported to the District Office within 24 hours of such change.



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

4. ☐ An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
  - ☐ INS Form 1-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
5. ☐ An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1998) or Section 241 (b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
  - ☐ INS Form 1-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
  - ☐ INS Form 1-766 (Employment Authorization Document) annotated "A10",
  - ☐ Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
6. ☐ An alien who is granted conditional entry under section 203(A)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
  - ☐ INS Form 1-94 with stamp showing admission under section 203(a)(7) of the INA;
  - ☐ INS Form 1-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - ☐ INS Form 1-766 (Employment Authorization Document) annotated "A3."
7. ☐ An alien who is Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
  - ☐ INS Form 1-551 (Alien Registration Receipt Card, commonly known as "green card") with the code CU6, CU7, or CH6;
  - ☐ Unexpired temporary 1-551 stamp in foreign passport or on INS Form 1-94 with the code CU6 or CU7;
  - ☐ INS Form 1-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA.
8. ☐ An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form 1-94 showing statuses.)
9. ☐ An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form 1-94 showing this status.)

### **SECTION C: Declaration for Battered Aliens**

**Important:** Complete this section if the applicant, the applicant's child or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.

Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant's child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes one of the documents on List B (attached hereto).

Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

### **SECTION D:**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature)

**LIST A**

A person who is a citizen or national of the United States.

**A. Primary Evidence**

☐ A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen-see Paragraph C below.

☐ United States passport (except limited passports, which are issued for periods of less than five years);

☐ Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);

☐ Certificate of birth (FS-545) (issued by a Foreign Service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;

☐ Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);

☐ Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);

☐ United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);

☐ Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

☐ Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

☐ American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

**B. Secondary Evidence**

If the applicant cannot present one of the documents listed in A above, the following may be relied upon to establish U.S. citizenship or nationality:

☐ Religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

☐ Evidence of civil service employment by the U.S. government before June 1, 1976;

☐ Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);

☐ Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;

☐ Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where adoption is not finalized and the State or other jurisdiction listed above in which

the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (NOTE: the source of the information must be an original birth certificate and must be indicated in the statement); or

☐ Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction).

### **C. Collective Naturalization**

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

☐ Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

☐ Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

☐ Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;

☐ The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or

☐ Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) [formerly part of the Trust Territory of the Pacific Islands (TTPI)]:

☐ Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);

☐ Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or

☐ Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

### **D. Derivative Citizenship**

If the applicant cannot present one of the documents listed in A or B above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

☐ Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:

☐ Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother:

☐ Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

☐ A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or

☐ A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

☐ If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship;

☐ If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

### **E. Adoption of Foreign-Born Child by U.S. Citizen**

☐ If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

☐ Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

### **F. U.S. Citizenship by Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B**

### **A. Documentation Evidencing an Approved Petition or Application**

☐ If an alien claiming approved status presents a code different than those enumerated, or if you cannot determine the class of admission from the I-551 stamp, file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) along with a copy of the document(s) presented, with the local INS office in order determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of a LPR (lawful permanent resident).

☐ INS Form I-551 ("Resident Alien Card" or "Alien Registration Receipt Card", commonly known as a "green card") with one of the following INS class of admission ("COA") codes printed on the front of a white card or the back of a pink card: AR1, AR6, C20 through C29, CF1, CF2, CR1, CR2, CR6, CR7, CX1 through CX3, CX6 through CX8, F20 through F29, FX1 through FX3, FX6 through FX8, IF1, IF2, IR1 through IR4, IR6 through IR9, IW1, IW2, IW6, IW7, MR6, MR7, P21 through P23, or P26 through P28.

☐ INS Form I-551 with one of the following COA codes stamped on the lower left side of the back of a pink card: IB1 through IB3, IB6 through IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, or BX6 through BX8.

☐ INS Form I-551 with COA code Z13.

☐ Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94 with one of the COA codes specified in the Subsections (1)-(3), above.

☐ • INS Form I-797 indicating approval of an INS I-130 petition (only I-130 petitions describing the following relationships may be accepted: husbands or wives of U.S. citizens or LPRs, unmarried children under 21 years old of U.S. citizens or LPRs, or unmarried children 21 or older of LPRs), or approval of an I-360 petition (only I-360 approvals based on status as a widow/widower of a U.S. citizen or as a self-petitioning spouse or child of an abusive U.S. citizen or LPR may be accepted).

☐ A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

**B. Documentation demonstrating that the Applicant has established a Prima Facie Case**

☐ INS Form I-797 indicating that the applicant has established a prima facie case; or

☐ An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

**C. Documentation indicating that the Applicant has filed a Petition or that a Petition has been filed on the Applicant's Behalf, as Applicable, but with no Evidence of Approval of the Petition or Establishment of a Prima Facie Case.**

The benefit provider shall determine from the documentation when the petition was filed and take the actions set forth below:

☐ Applicants with petitions filed before June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse [or child] of abusive U.S.C. or LPR," a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

☐ Applicants with petitions filed after June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition.

**D. Documentation indicating that the Applicant has filed a Petition or that a Petition was filed on His or Her Behalf, as Applicable**

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. Citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

☐ For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register computer-generated receipt indicating filing of Form I-130) (a sample copy of Form I-130 is attached to this Exhibit).

☐ For self-petitioning widows or widowers: a file-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

**E. Documentation Indicating that the INS has Initiated Deportation or Removal Proceedings in which Relief may be Available**

☐ an "Order to Show Cause";

☐ a "Notice to Appear"; or

☐ a "Notice of Hearing in Deportation Proceedings."

**F. Minimal or no Documentation Regarding the Claimed Filing**

If the applicant has some documentation, but it is insufficient to demonstrate filing, establishment of prima facie case or approval of a petition, fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant's status. If the applicant has no documentation, but is certain that a petition has been filed by his or her spouse or parent, you should fax the INS Request Form to the INS Vermont Service Center.

**CHANGE OF STATUS NOTICE (Form ACRU 190)**

<b>Registration #</b>	<b>Full Company/Entity Name (as currently registered)</b>	<b>Effective Date of Changes</b>
<b>Ownership or Name Changes</b>		
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Company/Entity <input type="checkbox"/> dba <input type="checkbox"/> Merge <input type="checkbox"/> Withdrawal		
<b>*Note: If ownership changes are greater than 50%, or entity type (incorporation, etc.) changes which may trigger a change in the CSLB number are planned, a separate initial application may be required for the new entity. Please include a "letter of intent" explaining whether the intent is to maintain two registered companies, or whether the originally registered company will cease to perform asbestos-related work once the new entity obtains registration. Include the details of the ownership change including % ownership of each individual owner (refer to instructions for more detail).</b>		
<b>ADDRESS CHANGES</b>		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Other <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Other		
<b>Add</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Web		
<b>Remove</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Web		
<b>Contact Person Change</b> <input type="checkbox"/> Name <input type="checkbox"/> Mobile <input type="checkbox"/> Telephone <input type="checkbox"/> Email		
<b>CSLB Change:</b> <input type="checkbox"/> ASB Certification <input type="checkbox"/> C-22 Qualifier <input type="checkbox"/> Association <input type="checkbox"/> Disassociation		
Disassociated Qualifier's Legal Name(s):		
Associated Qualifier's Legal Name(s):		
<b>Other CSLB License Status Change:</b> <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Expiration <input type="checkbox"/> Inactive		
<b>Worker's Compensation Insurance:</b> <input type="checkbox"/> Change of carrier <input type="checkbox"/> Canceled <input type="checkbox"/> Leased Employees		
<b>Trust Account/Medical Surveillance Coverage:</b> <input type="checkbox"/> Change of coverage (include supporting documents)		

**"Loss of Qualifier and changes in ownership, license status, or workers' compensation insurance coverage must be reported promptly. Failure to do so may result in suspension, denial, or revocation of the registration."**

☐ I hereby declare under penalty of perjury that all information submitted in this Change of Status Notice (form ACRU 190) is true and that I have the authority to make the change(s) on behalf of the applicant.

☐ I hereby declare under penalty of perjury that there are no substantial changes to disclose.

Print Name

Title

Signature

Date

Email: [acru@dir.ca.gov](mailto:acru@dir.ca.gov)

Main Line: (916) 574-2993



## CHANGE OF STATUS NOTICE (Form ACRU 190)

You are required to notify ACRU of any changes in the information submitted in your application. Your registration will not be valid if the information you provide to ACRU is not correct and kept current. You are only registered under your legal name(s) and, if applicable, CSLB License #. Loss of Qualifier and changes in ownership, license status, or workers' compensation insurance coverage must be reported promptly. Failure to do so may result in suspension, denial, or revocation of the registration. This form is part of the renewal application packet, but is also designed to be used as a standalone document, as needed, during the course of the year to communicate any changes in your operations, addresses, related entities, etc. If you have a change that requires notification, send a copy of form ACRU 190 only to the ACRU electronically and in hard copy. You must file the Status Change Form with ACRU prior to changes in:

### Name of Registered Company/Entity

- a. Enter the name your company/entity is registered under with DOSH and your DOSH registration number. Enter the date when the new legal name change is effective
- b. If you are changing the name of your company/entity. You must also supply documentation that reflects the legal change of your entities name. The documentation you must submit are:
  - 1) Either the new CSLB Pocket License, a confirming letter from the CSLB or wait for a change in your listing on the CSLB internet site. The latter may cause a delay.
  - 2) A copy of your new business stationary and contract/bid documents with the new name(s)
  - 3) Workers' Compensation Certificate
  - 4) Asbestos Medical Coverage proofs (insurance policy/provider or union contract/trust account)

### Ownership or Name Changes

- a. If there has been a change in ownership of more than a 10% interest, or one is being considered, attach documentation detailing the change(s). Documents can consist of items such as:
  - 1) Letter of intent
  - 2) Stock registers that show percent ownership of each person
  - 3) Current Secretary of State (SOS) Statement of Information
  - 4) Etc.
- b. Registrations are not transferable assets. A change of more than 50% ownership will trigger the requirement for re-applying as an Initial applicant. Contact [ACRU@dir.ca.gov](mailto:ACRU@dir.ca.gov) for an initial application.

### Address Changes

- a. Indicate which mailing or physical addresses, telephone numbers, email addresses or websites on file are to be removed, if any.
- b. Indicate mailing or physical addresses, telephone numbers, email addresses or websites are to be added. If needed, use another sheet of paper

### Contact Person Changes

- a. Enter the name of the new contact person
- b. Include new telephone and email information as well.

### CSLB Change:

- a. List the Qualifier's name
- b. Attach a copy of your letter notifying the CSLB of the loss of your qualifier.
- c. Attach a copy of the new Qualifier's application filed with the CSLB which must include the copy of the work experience portion of the application.
- d. When you obtain a new Qualifier (or simultaneous with this notice), attach a copy of the CSLB's confirmation letter.

### Other CSLB License Status Change

- a. If your contractor's license from the Contractor State License Board has been suspended, revoked, has expired or has become inactive, you must provide a written explanation of the circumstance that resulted in this loss of your CSLB license and what steps you are taking to correct them.

### Worker's Compensation Insurance

- a. Provide new insurance certificate, and the carrier's policy Declarations page or Annual ratings endorsement page showing asbestos worker coverage. This is required if your company changes your worker's compensation carrier and/or starts using leased employees through a staffing agency.

### Trust Account/Medical Surveillance Coverage

- a. If you have changed your trust account, insurance carrier, healthcare provider or union, attach copies of the Trust Account form, bank letter and/or account statement, union letter or carrier/provider contract, as applicable.

Returning the Change of Status Notice (Form ACRU 190): Send an electronic copy by email to [acru@dir.ca.gov](mailto:acru@dir.ca.gov), and the original to:

**Division of Occupational Safety and Health  
Asbestos and Carcinogen Unit  
1750 Arden Way, Suite 460  
Sacramento, CA 95825**