

STATE OF CALIFORNIA

GAVIN NEWSOM, Governor

**DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
Asbestos Contractor Registration Unit**

1750 Howe Avenue, Suite 460
Sacramento, CA 95825-2417
Phone: (916) 574-2993
Fax: (916) 483-0572

Address Reply to:
ACRU@dir.ca.gov



TO: RENEWAL APPLICANTS
FROM: Asbestos Contractor Registration Unit (ACRU)
SUBJECT: RENEWAL OF ASBESTOS REGISTRATION

Enclosed are the forms you will need to complete to renew your registration to conduct asbestos-related work.

Your completed application, the required documentation, along with the registration fee, must be received by the Asbestos Contractor Registration Unit (ACRU), at least, 30 days before the expiration date of your registration, as required by T8 CCR 341.7(c). The minimum time period required for review of any 1st submittal is 15 business days. If you contact us before we have had 15 business days to process your submittal, we will not provide an update on the status of your application

Your completed application package must include:

- Renewal of Asbestos-Related Work Registration (form ACRU 186b, page 2)
- Application for Renewal of Asbestos Registration Checklist (page 3)
- Change of Status Notice (form ACRU 190, page 4)
- Additional California Business Addresses (form ACRU 192, page 5)
- Related Entities (form ACRU 186c, page 6)
- Annual Compliance Report (form ACRU 194-R, page 7)
- Assurances of the Supervisor of the Competent Person (form ACRU 186d, page 8)
- Employer's Trust Account (form ACRU 189, page 9)
- Proof of Worker's Compensation Insurance (Supporting Documents)
- One-Year Cumulative Roster of Personnel (form ACRU 188, page 10)
- Organizational Chart
- Copy of application to add C-22 classification filed with CSLB or written plan to qualify for the C-22 (Roofing Only registrations are exempt) if applicable.

Use the Application Checklist as a guide to assist you in completing the renewal application process. An electronic copy of the completed application must be submitted via email to acru@dir.ca.gov, or on cd submitted with the original documents via U.S. Mail to:

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

If you have any questions please email us at ACRU@dir.ca.gov and we will be glad to assist you.

RENEWAL OF ASBESTOS-RELATED WORK REGISTRATION (Form ACRU 186b)

Email: ACRU@dir.ca.gov

Main Line: (916) 574-2993

Fax: (916) 483-0572

Non-refundable Fee: \$150.00 (no fee for public agencies). Make check payable to "Asbestos Contractor Registration"

Company/Entity Identification

- 1) Registration # _____.
- 2) CSLB # (if applicable) _____. a. Have you added the C-22 Classification to your CSLB license? ☐ Yes ☐ No
b. Have you filed your C-22 Classification application with CSLB? ☐ Yes ☐ No
- 3) Total number of all company/entity employees _____.

Contact Information

- 4) Company/Entity Name _____
- 5) DBA (if applicable) _____
- 6) Main Office Address _____
Street (PO Box or other non-physical address is not acceptable) City State Zip
- 7) Mailing Address _____
Street or P.O. Box City State ZIP
- 8) Other California Addresses? (Form ACRU 192) ☐ Yes ☐ No.
- 9) Website Address _____ 10) E-mail Address _____
- 11) Telephone # (____) _____ 12) Fax # (____) _____

Medical & Worker's Compensation Coverage

- 13) Asbestos Medical Surveillance: ☐ Insurance ☐ Union ☐ Health Care Provider ☐ Trust Account (\$500 per employee)
- 14) Worker's Compensation: ☐ Own Insurance Policy ☐ Management Company's Insurance Policy ☐ Self Insurance
- 15) Application Contact Person (print) _____ Title _____
Email: _____ Tel # _____ Fax# _____ Cellular _____

16) Assurances and Declaration of Applicant: By a manager with authority and responsibility for asbestos -related work.

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

- _____ I am a management representative duly authorized to prepare this application;
- _____ I am knowledgeable of the occupational safety and health standards governing asbestos-related work;
- _____ I have reviewed the contents of this application and its attachments and the contents are true and correct;
- _____ I will ensure that all employees performing asbestos-related work are trained as required by law and regulation;
- _____ I will ensure that the applicant has the proficiency, training, and equipment necessary to safely perform asbestos-related work;
- _____ I will assure that all asbestos-related work will be conducted safely and in a manner that protects the health of their employees, the employees of other contractors, their clients, and the general public;
- _____ The applicant will require all managers and employees engaged in asbestos related work, to comply with the registrant's asbestos-related policies and procedures and all applicable safety and health regulations;
- _____ A copy of these policies and procedures will be kept at each work site as part of our Code of Safe Practices and will be provided to all employees and, upon request, to DOSH, other employers, tenants building owners and their representatives.

- 17) I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to make the aforesaid representation on the behalf of the employer.

Signature

Print Name and Title

Executed this _____ day of _____, 20____,

In the city of _____, State of _____.

Application for Renewal of Asbestos-Related Work Registration Checklist

Use this List as an aid in preparing your application, final review prior to submission and must be included with your application.

1. ☐ **\$150.00 Registration fee enclosed.** Payable to "Asbestos Contractor Registration Unit"
2. **Renewal of Asbestos-Related Work Registration** (form ACRU 186b, page 2)
 - a. ☐ All lines are filled in with the information requested or NA for "Not Applicable"
 - b. ☐ Assurances and Declaration of Applicant are initialed (x's or check marks are not acceptable)
 - c. ☐ Completed application has original signature
3. **Change of Status Notice** (form ACRU190, page 4)
 - a. ☐ Any changes in status are noted, supporting documentation attached, form is signed. If no changes write N/A and sign form
4. **Additional California Business Addresses** (form ACRU 192, page 5)
 - a. ☐ All lines are filled in with additional California Business addresses or "No Other Offices" indicated
5. **Related Entities** (form ACRU 186c, page 6)
 - a. ☐ All blanks are filled in with the information requested or indicating N/A
6. **Annual Compliance Report** (form ACRU 194-R, page 7)
 - a. ☐ Information is provided for any inspections of your company conducted during the last 12 months, which resulted in the allegation of violations of asbestos related work regulations.
7. **Assurances of the Supervisor of the Competent Persons** (form ACRU 186-D, page 8)
 - a. ☐ Signed and dated.
8. **Employer's Trust Account** (form ACRU 189, page 9)
 - a. ☐ All blanks filled in with the information requested.
 - b. ☐ Bank statement is current and shows the name of account holder and bank, account number, bank address, phone number, and sufficient balance.
 - c. ☐ 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.
9. **Workers Compensation Insurance** (Supporting Documents)
 - a. ☐ Workers' compensation insurance is current, has the name of insured, term of insurance, and certificate holder is:

DOSH-Asbestos Contractor Registration Unit
1750 Howe Avenue, Suite 460
Sacramento, CA 95825
 - b. ☐ Policy declaration page is from the insurance carrier, not the broker and shows the different class codes covered by the policy
10. **One-Year Cumulative Roster of Personnel** (form 188, page 10)
 - a. ☐ If using photocopies or computer printouts, format is exactly the same as the form included in the renewal package
 - b. ☐ All blank columns are filled in with the requested information
 - c. ☐ Training certificates for all employees listed on the roster, including employees that have left employment during the previous year
 - d. ☐ Completed form has original signature and date
11. **Miscellaneous documents you need to provide**
 - a. ☐ Your company/entity's current organizational chart.
 - b. ☐ Copy of application to add C-22 classification filed with CSLB, or written plan to qualify for the C-22, if applicable.

Remember: You must respond promptly to any additional requests for information or documentation. Verified by:

Signature

Contact Name (Print)

Contact Telephone Number

Company/Entity Name

Registration Number

Date Signed

CHANGE OF STATUS NOTICE (Form ACRU 190)

Status Changes: Check and complete applicable boxes and/or fields; if there are no changes, write N/A in Effective Date of Changes field.

Registration #	Full Company/Entity Name (as currently registered)	Effective Date of Changes
Ownership or Name Changes		
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Company/Entity <input type="checkbox"/> dba <input type="checkbox"/> Sale <input type="checkbox"/> Merge <input type="checkbox"/> Withdrawal		

***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.**

ADDRESS CHANGES

<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
Add <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Web	
Remove <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Web	
Contact Person Change <input type="checkbox"/> Name <input type="checkbox"/> Mobile <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
ASB or C-22 Qualifier Change <input type="checkbox"/> Association <input type="checkbox"/> Disassociation	
CSLB License Change <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Expiration <input type="checkbox"/> Inactive	

- ☐ **Workers' Compensation Insurance:** Attach a copy of your company/entity certificate, as well as a declaration page or annual rating endorsement page showing the classification codes of the workers covered.
- ☐ **Trust Account/Medical Surveillance coverage**
 If you have changed your trust account, insurance carrier, health care provider or union, attach copies of the trust acct form, bank letter and/or account statement, union letter or carrier/provider contract as applicable
- "Failure to comply with the regulations governing asbestos-related work, or the terms and conditions of registration, may result in suspension, denial, or revocation of the registration."**
- "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.

Signature	Print Name and Title
Executed this day of 20 , in the city of , State of	

 Email: acru@dir.ca.gov

Main Line: (916) 574-2993

Fax: (916) 483-0572

Additional California Business Addresses (Form ACRU 192)

Check and complete applicable boxes and/or fields

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

Business Function at this Address:☐ New Location ☐ No Longer In-Use_____
Street or PO Box_____
City_____
State_____
Zip Code

Telephone: _____

Fax: _____

Business Function at this Address:☐ New Location ☐ No Longer In-Use_____
Street or PO Box_____
City_____
State_____
Zip Code

Telephone: _____

Fax: _____

Business Function at this Address:☐ New Location ☐ No Longer In-Use_____
Street or PO Box_____
City_____
State_____
Zip Code

Telephone: _____

Fax: _____

Business Function at this Address:☐ New Location ☐ No Longer In-Use_____
Street or PO Box_____
City_____
State_____
Zip Code

Telephone: _____

Fax: _____

Business Function at this Address:☐ New Location ☐ No Longer In-Use_____
Street or PO Box_____
City_____
State_____
Zip Code

Telephone: _____

Fax: _____

Signature_____
Print Name and Title

RELATED ENTITIES (Form ACRU 186c)

Check and complete applicable boxes and/or fields

Registration #	Full Company/Entity Name (as currently registered)		
Full Company/Entity Name (of related entity)			
Street or PO Box			
City		State	Zip Code
Telephone:		Fax:	
<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)			
Street or PO Box			
City		State	Zip Code
Telephone:		Fax:	
<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)			
Street or PO Box			
City		State	Zip Code
Telephone:		Fax:	
<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)			
Street or PO Box			
City		State	Zip Code
Telephone:		Fax:	
<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	

I affirm under penalty of perjury, that:

☐ 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.

Signature
Print Name and Title

ANNUAL COMPLIANCE REPORT (Form ACRU 194-R)

☐ During the last 12 months, our company was subject to an inspection which resulted in the discovery of alleged violative conditions or the issuance of a Notice to Comply (NC), associated with asbestos-related work.

1. Inspecting Agency/Agencies: _____
2. Date of Inspection _____
3. Address of jobsite: _____
4. Events that led to the alleged violative conditions (use additional paper as needed)

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

- ☐ Citation
- ☐ NOV
- ☐ NC
- ☐ Penalty
- ☐ Other

6. Competent person on inspection site _____
7. Manager responsible for supervising competent person _____
8. Corrective actions taken: (use additional paper as needed)

☐ During the last 12 months, our company was not subject to an inspection which resulted in the discovery of alleged violative conditions associated with asbestos-related work.

Name of Applicant Title Company Name

Signature of Applicant Date

Assurances of the Supervisor of the Competent Persons

(Form ACRU 186-D)

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.

Signature

Date

Employer's Trust Account (Form ACRU 189)

Company/Entity (Business Name)

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

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to make the aforesaid representation on the behalf of the employer.

Signature

Print Name and Title

Executed this _____ day of _____ 20____ ,

In the city of _____ California.

*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.