

**State of Florida  
Department of Business and Professional Regulation  
Asbestos Licensing Unit  
Education Course Application  
Form # DBPR ALU 8**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
<b>Course Initial or Renewal</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete all sections of this application.</li> <li><input type="checkbox"/> Submit a fee in the amount listed below (make check payable to the Florida Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> List by discipline, the asbestos training courses for which you have EPA approval, or approval from a state with an EPA approved asbestos accreditation program.</li> <li><input type="checkbox"/> Submit training course purpose and training course objectives.</li> <li><input type="checkbox"/> Submit a training course agenda and a detailed outline or matrix of course curriculum.</li> <li><input type="checkbox"/> Statement pertaining to the length of training in days and total of instructional contact hours consisting of instruction time only.</li> <li><input type="checkbox"/> Submit a list, description and legible copy of all course materials.</li> <li><input type="checkbox"/> Submit end of course examination and answer key.</li> <li><input type="checkbox"/> Submit a description of all audio-visual materials used to enhance training.</li> <li><input type="checkbox"/> List the instructors for each course and attach a resume with qualifications for each instructor even if previously approved for another course.</li> <li><input type="checkbox"/> <b>Record Keeping:</b> Attendance records must be maintained for a minimum of 4 years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.</li> <li><input type="checkbox"/> Request for Instructor Evaluation, form DBPR ALU 10, for each instructor.</li> </ul>

**Please mail your completed application, documentation to:**  
Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, Florida 32399-0783

<b>TRAINING COURSES</b>	<b>FEES</b>
<input type="checkbox"/> Asbestos Worker Initial	\$ 1400.00
<input type="checkbox"/> Asbestos Project Management & Supervision Initial (C/S)	\$ 1750.00
<input type="checkbox"/> Asbestos Survey & Mechanical Initial (Inspector)	\$ 1050.00
<input type="checkbox"/> Asbestos Abatement Management Planner Initial	\$ 700.00
<input type="checkbox"/> Project Designer	\$ 1050.00
<input type="checkbox"/> Asbestos Abatement Sampling NIOSH 582 or Equivalent	\$ 1400.00
<input type="checkbox"/> Respiratory Protection	\$ 1050.00
<input type="checkbox"/> Worker Training for Removal of Flooring Material	\$ 350.00
<input type="checkbox"/> Supervisor Training for Removal of Flooring Material	\$ 350.00
<input type="checkbox"/> On Site Roofing Supervisor Training	\$ 700.00
<b>REFRESHER COURSES</b>	<b>FEES</b>
<input type="checkbox"/> Asbestos Worker Refresher	\$ 250.00
<input type="checkbox"/> Asbestos Project Management & Supervision Refresher (C/S)	\$ 250.00
<input type="checkbox"/> Asbestos Survey & Mechanical (Inspector) Refresher	\$ 175.00
<input type="checkbox"/> Asbestos Abatement Management Planner Refresher	\$ 175.00
<input type="checkbox"/> Project Designer Refresher	\$ 250.00

**RENEWALS**

- Course (per course)
- Provider

**FEES**

- \$ 100.00
- \$ 100.00

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

**1. General Requirements for Asbestos Continuing Education Course Application**

- a. All portions of the application must be completed.
  - i. Please allow at least 30 days for a response after the submission of an application. The application is reviewed by a department consultant before approval is granted.
  - ii. If you are already an approved provider and have an approval number, please indicate the approval in the application.
  - iii. Submit all lists and items listed in the supporting documents section of these instructions.

**2. Application Instructions (by section)****a. Section I**

- i. Check only one of the application types.
- ii. Asbestos Training Course - Initial: Select this application type if you are applying for an initial approval of a training course.
- iii. Asbestos Training Course – Renewal: Select this application type if you are applying for renewal of a training course. If there have been any changes to the course, other than the instructors, you must select “asbestos training course – initial” as the application type and submit the supporting documentation required of an initial course approval.

**b. Section II**

- i. Fill out each section completely.
- ii. Each applicant must provide their name, company or organization name, and provider approval number.
- iii. Applicants seeking to renew a course approval must also provide their current course approval number.
- iv. Each applicant must provide their mailing address, contact information and business location address.

**c. Section III**

- i. Applicants should check the course in which they are seeking approval. If you are applying to approve more than one course, please complete additional applications as necessary.
- ii. Indicate how the course will be provided to the student by checking the appropriate box.
- iii. Applicant must provide the course number and the number of credit hours. One continuing education hour = 50 minutes of training.
- iv. Applicant must provide the provider number, the EPA accreditation number and the location of the class.

**d. Section IV**

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

**3. Other Information**

- a. Continuing education course providers shall not advertise a course as approved for continuing education credit from the Department of Business and Professional Regulation until the course has been approved by the Department and a course number has been assigned.
- b. Providers should supply all students with a course completion certificate upon completion of the course.
- c. Approved course numbers and course titles should be used in all advertisements.
- d. Any substantive changes regarding the provider’s application information must be filed with the Department within thirty days of the change.
- e. Provider approval is valid until May 31 of odd-numbered years and must be renewed. Providers are responsible for renewing all courses prior to the course expiration date.
- f. Providers must work with licensees to resolve reporting conflicts.
- g. Course approval is valid for two years from the date of board approval. Providers must reapply for course renewal every two years.

- h. Attendance records must be maintained for a minimum of four years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.

**SUPPORTING DOCUMENTS:** The following is a list of supporting documents that must be attached in order to submit a complete **Course Approval** application:

1. List by discipline, the asbestos training courses for which you have EPA approval, or approval from a state with an EPA approved asbestos accreditation program. Submit a copy of each course approval letter from each jurisdiction.
2. Training course purpose.
3. Training course objectives stated in terms of what the trainee would be qualified to do upon completion.
4. Training course agenda indicating topical sessions, hands-on training, breaks, lunches, and examination.
5. Statement pertaining to the length of training in days and total instructional contact hours consisting of instruction time only. (Do not include registration, breaks, lunches, or examination.)
6. Detailed outline or matrix of course curriculum that includes the following:
  - Topics to be covered that meet the requirements set forth in the U.S. Environmental Protection Agency Model Accreditation Plan (40 CFR 763) Subpart E, Appendix C, and the Florida Rule 61E1-2.006
  - Amount of time allotted to each topic
  - Names of instructors for each topic  
Use DBPR ALU 4056 – Request for Instructor Evaluation
  - Training methods and audio visual materials utilized for each topic. Training methods to include lectures, discussions, demonstrations, hands-on training, field trip, etc.  
Audio/visual materials used to enhance the training process include slides, overhead transparencies and video tapes
7. A list, description, and legible copy of all written course materials, including student manual, instructor manual, and printed materials to be distributed during class. Information shall include a statement indicating who developed the course material, the year in which it was developed, and the formal title of the material. If published materials are used as a supplement, documentation shall include the complete title as published, the author's name, publisher's name, and date of publication. The student manual must include a complete statement concerning the purpose, objectives and agenda of the course, a table of contents and an educational text divided by index tabs.
8. Description of all audio-visual materials used to enhance training. The description must include the following: Type of a/v materials (slides, overhead, video tapes, etc.), formal publisher and developer, synopsis and statement of use.
9. End of course examination and answer key.

**State of Florida  
Department of Business and Professional Regulation  
Asbestos Licensing Unit  
Education Course Application  
Form # DBPR ALU 8**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the beginning of this application.**

**Section I - Application Type (choose only one application type)**

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Asbestos Training Course - Initial [5909/1030]
<input type="checkbox"/> Asbestos Training Course - Renewal [5909/2020]
<input type="checkbox"/> Asbestos Refresher Course – Initial [5910/1030]
<input type="checkbox"/> Asbestos Refresher Course – Renewal [5910/2020]

**Section II – Applicant Information- Provider**

PROVIDER INFORMATION			
Last/Surname (Provider)	First	Middle	Suffix
Company/Organization Name			
Provider Approval Number			
Course Approval # (If renewal)			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Contact Name:			
Primary Phone Number	Primary E-Mail Address		
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code	
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

**Section III – Course Information**

COURSE INFORMATION		
<p><b>Training Courses</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asbestos Worker Initial</li> <li><input type="checkbox"/> Asbestos Project Management &amp; Supervision Initial (C/S)</li> <li><input type="checkbox"/> Asbestos Survey &amp; Mechanical (Inspector) Initial</li> <li><input type="checkbox"/> Asbestos Abatement Management Planner Initial</li> <li><input type="checkbox"/> Project Designer</li> <li><input type="checkbox"/> Asbestos Abatement Sampling NIOSH 582 or Equivalent</li> <li><input type="checkbox"/> Respiratory Protection</li> <li><input type="checkbox"/> Worker Training for Removal of Flooring Material</li> <li><input type="checkbox"/> Supervisor Training for Removal of Flooring Material</li> <li><input type="checkbox"/> On Site Roofing Supervisor Training</li> </ul>	<p><b>Refresher Courses</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asbestos Worker Refresher</li> <li><input type="checkbox"/> Asbestos Project Management &amp; Supervision Refresher (C/S)</li> <li><input type="checkbox"/> Asbestos Survey &amp; Mechanical (Inspector) Refresher</li> <li><input type="checkbox"/> Asbestos Abatement Management Planner Refresher</li> <li><input type="checkbox"/> Project Designer Refresher</li> </ul>	
<p>Type of Offering      <input type="checkbox"/> Public Offering      <input type="checkbox"/> Contract Training      <input type="checkbox"/> Training Own Employees</p>		
Course Number	Credit Hours (One C.E. Hour = 50 minutes of instruction)	
Provider Number	EPA Accreditation Number	
LOCATION OF CLASS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)

**Section IV – Affirmation By Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p> <p>I certify that the training course as indicated in this application has not been previously denied, or had its approval suspended or revoked by either the United States Environmental Protection Agency or any state asbestos accreditation program within the last 36 months.</p>	
Signature:	Date:
Print Name:	

**State of Florida**  
**Department of Business and Professional Regulation**  
**Asbestos Licensing Unit**  
**Request for Instructor Evaluation**  
**Form # DBPR ALU 10**

REQUEST TYPE	
<input type="checkbox"/>	Request for Instructor Evaluation as part of an application packet
<input type="checkbox"/>	Request for Instructor Evaluation adding a new instructor to an approved course If so, Course Number: _____

PROVIDER INFORMATION				
Provider Name				
Provider Number				
Phone Number		E-Mail Address		
INSTRUCTOR INFORMATION				
Applicant Name: Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>				
Social Security Number*				
INSTRUCTOR MAILING ADDRESS				
Street Address or P.O. Box				
Suite or Office Number				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
EDUCATIONAL BACKGROUND				
Name of College/University	Major/Minor	Begin Date	End Date	Degree
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
TEACHING EXPERIENCE				
Name of Institution	Subjects Taught	Begin Date	End Date	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

APPLICATION CHECKLIST
(ALL Basic and Refresher Certificates must be included with the application)
<input type="checkbox"/> Instructor Resume
<input type="checkbox"/> Instructor Basic Training
<input type="checkbox"/> Instructor Refresher Training (must be current)

COURSE INFORMATION		
TYPE	BASIC/REFRESHER	COURSE NUMBER
Contractor Supervisor	<input type="checkbox"/> BASIC <input type="checkbox"/> REFRESHER	
Surveys & Mechanical Systems (Inspector)	<input type="checkbox"/> BASIC <input type="checkbox"/> REFRESHER	
Management Planner	<input type="checkbox"/> BASIC <input type="checkbox"/> REFRESHER	
Worker	<input type="checkbox"/> BASIC <input type="checkbox"/> REFRESHER	
Project Designer	<input type="checkbox"/> BASIC <input type="checkbox"/> REFRESHER	
On-Site Roofing Supervisor	<input type="checkbox"/> BASIC	
Respiratory Protection	<input type="checkbox"/> BASIC	
Abatement Sampling (NIOSH 582)	<input type="checkbox"/> BASIC	

AFFIRMATION BY WRITTEN DECLARATION	
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Signature:	Date:
Print Name:	