

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Asbestos Examination Application
Form # DBPR ALU 6

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

APPLICATION REQUIREMENTS
<p>Applicants applying to take the Examination must submit:</p> <p><input type="checkbox"/> Fees for Initial Examination</p> <ul style="list-style-type: none"> • \$340.00 for Consultants • \$340.00 for Contractors <p><input type="checkbox"/> Fees for Re-Examination</p> <ul style="list-style-type: none"> • \$340.00 for Consultants • \$340.00 for Contractors - Both Parts • \$340.00 for Contractors – Part I – Technical Only • \$340.00 for Contractors – Part II – Business Only • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Completed Application</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

General Information

- a. **Special Testing Accommodations:** If you require special testing accommodations due to disability, or if you are requesting your examination in Spanish, or any other language, please contact the Bureau of Testing at 850.487.9755 immediately.
- b. In addition to the fees listed above, Consultants and contractors will be required to pay a testing fee of \$10.50 per hour directly to the testing vendor at the time of reservation.

Application Instructions

- a. **Section I – Transaction Type**
 - i. Select the examination type you would like to take
- b. **Section II - Applicant Personal Information**
 - i. Fill out each section completely. A Social Security number is required to apply for any individual license within the Department of Business and Professional Regulation.
 - ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
 - iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - v. Provide your phone number and email address.
- c. **Section III – Affirmation by Written Declaration**
 - 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.

Once you have taken and passed the examination, you will need to submit an Application for Licensure Form ALU 1 Application for Licensing as an Individual or ALU 2 Application for Licensing as a Business.

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Asbestos Examination Application
Form # DBPR ALU 6

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 end of this application.

Section I – Transaction Type

TRANSACTION TYPE	
Initial Exam:	
<input type="checkbox"/> Application for Consultants Examination - \$340.00 fee [1010] <input type="checkbox"/> Application for Contractors Examination - \$340.00 fee [1010]	
Re-exam:	
<input type="checkbox"/> Application for Consultants Examination - \$340.00 fee [1011] <input type="checkbox"/> Application for Contractors Examination - \$340.00 fee - Both Parts [1011] <input type="checkbox"/> Application for Contractors Examination - \$340.00 – Part I - Technical Only (1012) <input type="checkbox"/> Application for Contractors Examination - \$340.00 – Part II - Business Only (1013)	

Section II – Applicant Personal Information

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
*Social Security Number:		Birth Date (MM/DD/YYYY) / /		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III– Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
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. 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.	
Signature:	Date:
Print Name:	