

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

DC AW LIC02



Board of Industrial Trades – Asbestos Workers and Asbestos Workers Supervisors

NEW LICENSE APPLICATION

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-543-5217** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

Method (Origin) of Application:
(Check only one)

(See page 3 of Instructions for License Type, Specialties and Fee Listing to complete below).

Code		Description
(E)	<input type="checkbox"/>	Examination
(N)	<input type="checkbox"/>	Endorsement

Requested License Type:

Code	Description	\$ _____ .00
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Requested Specialty:

Code	Description	\$ _____ .00
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Duplicate Licenses _____ X \$30.00 = \$ _____ .00

Make check or money order payable to
Pearson VUE and mail to:

PEARSON VUE
Department DC – ST
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

PEARSON VUE ONLY			Total Enclosed \$ _____ .00
Check \$	Ck #	Clerk	
\$ _____ .00			

SECTION 2. APPLICANT NAME OR COMPANY/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX (Jr, Sr, etc.) _____

_____-_____-_____
SOCIAL SECURITY NUMBER/FEIN*

M M D D Y Y Y Y
____-____-_____
DATE OF BIRTH

Male Female
GENDER
Please check the correct box.

PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

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SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

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SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through I below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

**PEARSON
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ONLY**

A.	I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B.	Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C.	Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F.	Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I.	Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

SECTION 7. APPLICANT AFFIDAVIT

I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.

**PEARSON
VUE
ONLY**

APPLICANT SIGNATURE

NAME (Please Print)

DATE

Subscribed and sworn to before me this ____ day of _____, _____ by the affiant, who personally appeared before me.
(Month) (Year)

**PEARSON
VUE
ONLY**

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)

SECTION 8. SPONSOR'S AFFIDAVIT

**PEARSON
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ONLY**

SPONSOR'S SIGNATURE

NAME (Please Print)

DATE

SPONSOR'S LICENSE PREFIX AND NUMBER

PEARSON VUE ONLY

Board approval date (mm/dd/yyyy): _____

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SECTION 9. SUPPORTING DOCUMENTS REQUIRED			PEARSON VUE ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.			
A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. All applicants: If applicant's name has changed since attending college, university or accredited institution you must provide copies of legal documents supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. All applicants: Have three individuals (not related to the applicant) to submit a Certificate of Moral Character on your behalf to Pearson VUE .	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. All applicants: Submit Notarized Employment Verification on company letterhead, containing dates of employment and description of duties performed in detail.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. All applicants: Did you include a legible copy of an official photo ID, such as your valid driver license, as proof of identity.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. All applicants: Did you include a copy of your required health certificate document with your application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. If applying for Asbestos Worker Supervisor only: Applicant must provide a certificate or proof of completing a course of instructions as an Asbestos Worker Supervisor on asbestos abatement accredited by the EPA under the Asbestos Hazard and Emergency Response Act. Or one that is at least as stringent as the requirements of 40 CFR 763.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. If applying for Asbestos Worker by Endorsement: Did you provide a copy of your current valid worker license or school certification. Certification requirements must be equal to or greater than those of the District of Columbia. Some states that meet the requirements are DE, MD, PA, VA and WV.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. If applying for Asbestos Worker only: Applicant must provide a certificate of proof of completing a course of instructions on asbestos abatement accredited by the EPA under the Asbestos Hazard and Emergency Response Act. Or one that is at least as stringent as the requirements of 40 CFR 763.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
T. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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PEARSON VUE ONLY – EXAM RESULTS

EXAM #1	EXAM #2
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #3	EXAM #4
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #5	EXAM #6
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>

NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Pearson VUE at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

[Proceed to the application.](#)