

# ASBESTOS ANALYTICAL LABORATORY LICENSE APPLICATION

West Virginia Bureau for Public Health  
Office of Environmental Health Services  
Radiation, Toxics and Indoor Air Division  
Certification and Licensing Program  
350 Capitol Street  
Room 313  
Charleston, West Virginia 25301-3713  
Telephone (304) 558-2981 Fax (304) 558-0524

**Read all instructions carefully. Type or print legibly in blue ink. Application must be signed.**  
**INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

1. Complete form and attach AIHA, NVLAP, or State certification. Include names of all analysts.
2. Attach required fee. Make check or money order payable to the West Virginia Bureau for Public Health. Please DO NOT send cash. Tax is NOT applicable.
3. Mail completed application, all required attachments, and fees to the address above.

## **A. GENERAL INFORMATION**

Name of firm \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Registered with WV Tax Department: Yes \_\_\_\_\_ No \_\_\_\_\_ WV Tax Number \_\_\_\_\_

## LICENSE CATEGORY:

\_\_\_\_\_ Air Samples Analysis Only FEE: \$200.00

\_\_\_\_\_ Bulk Samples Analysis Only FEE: \$200.00

\_\_\_\_\_ Air & Bulk Sample Analysis FEE: \$300.00

## **B. APPLICANT ATTEST**

In accordance with Chapter 16, Article 32 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature Owner, Executive Office, Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

## **C. Health Department Use Only**

**Fee:**

App. No. \_\_\_\_\_

Paid By \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Amount

Paid \_\_\_\_\_

Denied By \_\_\_\_\_ Date \_\_\_\_\_

Check Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date of Check \_\_\_\_\_

Mailed To \_\_\_\_\_

Date \_\_\_\_\_