



## Asbestos Analytical Service Application

(In accordance with the provisions of M.G.L. c. 149, § 6-6F½ and 454 CMR 28.00)

☐ Initial application   ☐ Renewal application   ☐ Duplicate application issue

License number: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

### Section 1: Applicant information

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Business location (Street): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

### Section 2: Attachments to be submitted with the application:

1. (A) ☐ If applicant is a Sole Proprietorships or Partnership: A copy of the *Business Certificate* as filed in the city or town Clerk's office of the city or town where the applicant is located.
  - (B) ☐ If applicant is a Corporation or LLC:
    - **Organized in Massachusetts in existence for less than one (1) year**, provide a copy of the short form *Certificate of Legal Existence*, issued by the Secretary of the Commonwealth's Office.\*
    - **Organized in Massachusetts in existence for more than (1) year**, provide a *Certificate of Good Standing*, issued by the Secretary of the Commonwealth's Office.\*
    - **Foreign Corporation** (a corporation transacting business in the Commonwealth of Massachusetts and organized under laws of a different state), provide a copy of the *Foreign Corporation Certificate* and a *Certificate of Good Standing* issued by the Secretary of the Commonwealth's Office.\*

\*Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512;  
Phone: 1 (800) 392-6090; [www.sec.state.ma.us/cor/coridx.htm](http://www.sec.state.ma.us/cor/coridx.htm). Do not send the *Certificate of Good Standing* issued by the Massachusetts Department of Revenue.
  - (C) ☐ Not applicable. I am an Individual, Public Entity, or other, as noted in Section I above.
  - (D) ☐ If applicant receives samples by mail **only**. Please include a letter stating that.
2. A list of all names, acronyms or other identifiers by which the applicant does or has done business, and the address(es) and phone number(s) of the business.  
\_\_\_\_\_  
\_\_\_\_\_
  3. The type(s) of approval/certification listed at 454 CMR 28.06(3)(a) through (e) for which the applicant is applying.  
☐ **Class A Certificate**   ☐ **Class B Certificate**   ☐ **Class C Certificate**   ☐ **Class D Certificate**

4. If the applicant has employees, evidence that Asbestos Analytical Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program must be provided with the application. *Certificate of Insurance* must include the assigned policy number, the WC code 4511 or other indication that any asbestos operations are covered under the policy, and list the Department of Labor Standards with the proper address as the certificate holder. If the applicant has no employees, a notarized statement to that effect must be submitted with the application.
  5. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders, and court judgments, received by the Responsible Persons (including all corporate officers, partners, and other managing agents) of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
  6. A list of the names and addresses of all persons designated as Asbestos Laboratory Supervisors of the Asbestos Analytical Service pursuant to 454 CMR 28.06(5).
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7. A copy of the laboratory standard operating procedures manual for asbestos analysis used by the applicant, which shall minimally include:
  1. A listing of all Responsible Persons and employees of the applicant who will be performing asbestos analysis.
  2. Legible copies of certificates of training or other training records for all persons listed at 454 CMR 28.06(3)(a), indicating that each such person has fulfilled the applicable asbestos analytical training required by 454 CMR 28.06(5).
  3. Copies of all applicable analytical protocols and procedures referenced at 454 CMR 28.06(7).
  4. An inventory of the analytical equipment used by the applicant, with a description of associated equipment calibration and maintenance procedures and schedules.
  5. A description of chain of custody procedures, including handling, storage and disposal procedures for asbestos samples.
  6. A description of the quality control procedures and programs utilized by the applicant.
8. Results indicating proficiency in the two most recent rounds of the applicable quality control program(s) required by 454 CMR 28.06(3)(c). Documentation shall be in the form of legible copies of official correspondence or certificates from the provider of the applicable quality control program. Applicants from within the Commonwealth seeking certification as Class B or Class C Asbestos Analytical Services may submit the single most recent quality control round result, but their receipt of certification and approval pursuant to 453 CMR 28.06(2)(b)(c) may be contingent upon the results of a laboratory inspection at the discretion of the Director.
9. **An online payment made at [mass.gov/dls-online-payment](https://mass.gov/dls-online-payment) in the amount of \$750.00.** If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 454 CMR 28.16, the fee payment is not refundable.

### Section 3: Payment of tax obligations and Statement of Compliance

I, \_\_\_\_\_ (print name) \_\_\_\_\_ (print title) hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.

I further state, that all employees to be engaged in Asbestos Work are certified or will be certified prior to any work being performed by them, pursuant to the requirements of 454 CMR 28.00.

I further state, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment, or Encapsulation of Asbestos, 454 CMR 28.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

**Signed under the penalties of perjury.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A certificate as a provider of Asbestos Analytical Services is valid for a period of one year. The Director may renew an Asbestos Analytical Service certificate upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Department of Labor Standards no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 454 CMR 28.06(4). The Director may waive the requirement for resubmission of the information specified at 454 CMR 28.06(2) where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

Please forward your completed application to [lead&asbestosenforcement@mass.gov](mailto:lead&asbestosenforcement@mass.gov).

(For Official DLS Use Only)

	Items approved by:		Date:
Fee received			
Worker's Compensation			
Notarized tax statement			
Art of org/annual report/DBA			
Copies of all violations			
Services approved			
DUA/FSC	Class A Certificate		
	Class B Certificate		
	Class C Certificate		
	Class D Certificate		
Application complete – OK to issue			