

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Application for Education Course Provider
Form # DBPR ALU 7

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

| APPLICATION | APPLICATION REQUIREMENTS |
|---------------------------|--|
| Education Provider | <input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> There is no fee to be approved as initial course provider. |

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

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 Provider Application

- a. All portions of the application must be completed.
- b. There is no fee required to be an education provider.

2. Application Instructions (by section)

a. Section I

- i. Check only one of the application types.
- ii. Education Provider - Individual: Select this application type if you are applying for approval as an education provider as an individual.
- iii. Education Provider - Organization: Select this application type if you are applying for approval as an education provider as an organization.

b. Section II

- i. Fill out each section completely.
- ii. Each applicant must provide their name, company or organization name, and their Social Security Number or Federal Employer ID Number.
- iii. Applicants must indicate if they are an approved provider with any other board within the department.
- iv. Each applicant must provide their mailing address, business address and contact information.

b. Section III

- 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.

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Section I – Application Type

| CHECK ONE OF THE APPLICATION TYPES | |
|------------------------------------|--|
| <input type="checkbox"/> | Education Provider- Individual [5911/1030] |
| <input type="checkbox"/> | Education Provider- Organization [5911/1030] |

Section II – Applicant Information

| APPLICANT INFORMATION <i>(Provider/Owner)</i> | | | |
|--|-------|---------|------------------------|
| Last/Surname | First | Middle | Suffix |
| Company/Organization Name | | | |
| Social Security Number (if applying as an Individual)* | | | |
| Federal Employer ID Number (if applying as an Organization) | | | |
| GENERAL IDENTIFICATION | | | |
| Is Provider approved by any other board within the Department of Business and Professional Regulation to provide continuing education? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, what is the provider approval number? | | | |
| MAILING ADDRESS | | | |
| Company Name | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |
| BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | |
| Street Address | | | |
| | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |

* 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 II – Applicant Information- continued

| CONTACT INFORMATION | | | | |
|---|--|------------------------|------------|--------|
| Last Name (Authorized Representative) First | | Middle | Title | Suffix |
| Primary Phone Number | | Primary E-Mail Address | | |
| ADDITIONAL CONTACT INFORMATION (OPTIONAL) | | | | |
| Alternate Phone Number | | | Fax Number | |
| Alternate E-Mail Address | | | | |

Section III – 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. 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.</p> | |
| Signature: | Date: |
| Print Name: | |