

applicable. For each high school, College, Technical School, and/or University attended please provide the following information.

Name & Location	Dates Attended	Graduated? Yes/No	Degree Received	Major/Minor

PART IV. TRAINING:

List relevant training completed which would qualify you to instruct the topics listed in PART II (e.g. asbestos identification, health effects, State-of-the-art work practices). Attach a clear legible photocopy of each training certificate. Attach additional sheet(s) if necessary.

Title of Course	Date(s) Attended	Location - City/State	Training Provider	Initial/Refresher

PART V. RELEVANT EMPLOYMENT HISTORY

List asbestos projects that document work hours within a contained work area, or list topics and/or courses taught to document hours of teaching experience. You may wish to refer to R.61-86.1, Section XV.E., Initial and Refresher Instructor Qualifications to complete this section.

Project or Course _____ Company _____

Address/Location _____ Supervisor _____ Telephone _____

Dates: (From) _____ (To) _____ Hours _____

Describe major duties and responsibilities or topics/courses taught:

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Project or Course _____ Company _____

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

Describe major duties and responsibilities or topics/courses taught:

Project or Course

Company

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

Describe major duties and responsibilities or topics/courses taught:

Project or Course

Company

Address/Location

Supervisor

Telephone

Dates: (From)

(To)

Hours

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Describe major duties and responsibilities or topics/courses taught:

PART VI. STATE ISSUED ASBESTOS ACCREDITATION OR LICENSES

List those currently held and submit a legible copy of each.

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

Discipline _____ State ____ Number _____ Expiration date _____

PART VII. PROFESSIONAL REGISTRATIONS

List field(s) of work for which you have been registered, and submit a legible copy of each.

Registration: _____ State _____ Number _____

PART VIII. SUBMITTALS TO EPA OR OTHER STATES

List the EPA Region(s) or State(s) that you have previously submitted your asbestos instructor qualifications, and specify which disciplines and/or topics you sought instructor approval. Please provide a legible copy of each approval letter for all course disciplines in which you have been approved.

EPA Region/State: _____ Discipline _____ Topic: _____

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PART IX. CERTIFICATION

I certify that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.

Printed Name of Instructor

Telephone Number

Signature of Instructor

Date Signed

Please submit completed application to:

South Carolina Department of Health and Environmental Control
Bureau of Air Quality
Asbestos Section
2600 Bull Street
Columbia, SC 29201

AN INCOMPLETE APPLICATION WILL BE RETURNED