

## Guidance for Applying for Equivalency/Reciprocity:

All individuals who need a New York State Department of Labor (DOL) asbestos certificate to work on asbestos projects in New York State must first receive appropriate training from a New York State Department of Health (DOH) approved asbestos training provider or submit documentation to the DOH for a determination that they have completed equivalent training. This guidance document explains the equivalency application process as required by Title 10, Part 73 of the New York State Codes, Rules and Regulations (NYCRR) to obtain a DOH Certificate of Asbestos Safety Training (DOH-2832). Applicants should apply to this Department following the steps below. Please contact us if you do not fit these categories/prerequisites. Allow up to four weeks for processing.

## If you have attended Non-New York State training:

1. Submit a notarized ABSESTOS TRAINING EQUIVALENCY/RECIPROCITY APPLICATION (DOH-4353) – See reverse.
2. Submit proof of initial and all subsequent refresher training for each discipline you are applying for. This may include information such as: course completion certificates, diplomas or state issued training completion certificates (i.e., New Jersey ASB-24). **In accordance with Federal (40 CFR Part 763 ) asbestos accreditation requirements, a lapse of more than 2 years between specific training courses will result in denial of your request.** If you have a lapse of more than 2 years, you are required to take a initial course of training in order to certify and work in New York.
3. Submit a photocopy of your most current state issued asbestos license(s) and/or certificate(s).
4. Submit a photocopy of valid government issued identification.
5. Your information will be reviewed and you will be notified if additional information is needed.
6. You will be notified in writing of approval or denial. Denied applicants will receive reason for denial. If you are approved, you must complete a NYS approved refresher training course. Instructions will be provided in your approval letter.
7. After you have successfully completed a NYS approved refresher training course, you will be issued a DOH Certificate of Asbestos Safety Training (DOH-2832) by the NYS DOH.
8. The DOH-2832 certificate must be submitted to the New York State Department of Labor when applying for certification. For questions on the New York State Department of Labor certification process, call (518) 457-2735 or visit their website at: [www.labor.ny.gov](http://www.labor.ny.gov).

## If you are a New York State Approved Instructor:

1. Submit a notarized ABSESTOS TRAINING EQUIVALENCY/RECIPROCITY APPLICATION (DOH-4353) – See reverse.
2. Submit the approved course roster(s) and course agenda(s) indicating the subject matter that you presented demonstrating that you provided instruction for all course topics. **If you did not instruct the course in its entirety or if there is lapse of more than 2 years between specific training courses, your application will be denied.** If you did not instruct a course in its entirety, you may reapply when you do. If you have a lapse of more than 2 years, you may reapply if you instruct an initial course in its entirety.
3. Submit the Asbestos Course Attendance Roster (DOH-4427) for the courses you instructed, corresponding to the course agenda/discipline for which you are seeking an equivalency.
4. Your information will be reviewed and you will be notified if additional course documentation or information is needed.
5. You will be notified in writing of approval or denial. Denied applicants will receive reason for denial.
6. If approved, you will be issued a DOH Certificate of Asbestos Safety Training (DOH-2832).
7. The DOH-2832 certificate must be submitted to the New York State Department of Labor when applying for certification. For questions on the New York State Department of Labor certification process call (518) 457-2735 or visit their website at: [www.labor.ny.gov](http://www.labor.ny.gov).

For additional information on the DOH equivalency process please contact us at (518) 402-7940.

# Asbestos Safety Training Equivalency/Reciprocity Application

## SECTION 1. APPLICANT INFORMATION

Last Name	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Number and Street Name	Apt #
<input type="text"/>		<input type="text"/>

City/Town	County	State	Zip Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NYS Department of Motor Vehicles Identification Number (optional)	Social Security Number (optional)
<input type="text"/>	<input type="text"/>

## SECTION 2. APPLICATION BASED ON

- Non-NYS Training                       NYS Approved Asbestos Instructor

## SECTION 3. DISCIPLINES REQUESTED (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Handler / Worker | <input type="checkbox"/> Contractor / Supervisor | <input type="checkbox"/> Air Sampling Technician    |
| <input type="checkbox"/> Inspector        | <input type="checkbox"/> Project Designer        | <input type="checkbox"/> Allied Trades              |
| <input type="checkbox"/> Project Monitor  | <input type="checkbox"/> Management Planner      | <input type="checkbox"/> Operations and Maintenance |

## SECTION 4. COMPANY or OTHER CONTACT INFORMATION (optional)

Please check the box and complete the information below if you want your determination sent to someone other than yourself.

- Please send my determination to the entity below.

Last Name	First	MI	Company Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Number and Street Name	Suite/Apt #
<input type="text"/>		<input type="text"/>

City/Town	County	State	Zip Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 5. ATTESTATION and NOTARY

I have read the attached "Asbestos Safety Training Equivalency/Reciprocity Guidance" (Page 1) and I understand that the New York State Department of Health may contact training providers or my employer to review the asbestos training that I have received or have instructed. I have attached all training certificates, copies of all the other state licenses/certificates or other documentation. I attest that I have completed/ conducted training in accordance with applicable State and Federal asbestos regulations:

_____	_____	Sworn before me this _____ day of _____, 20_____
Signature	Date	
		_____ Notary Public

Please mail your application to:  
(Faxed requests will not be accepted)

New York State Department of Health Asbestos Safety Training Program  
Corning Tower, Room 1325  
Empire State Plaza  
Albany, NY 12237  
Attn: Equivalency Application