

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Correction Notice - Application for Asbestos Handling License

We have reviewed your application and found it incomplete for the reason(s) checked below. Your application is being returned to you. Please take the action indicated and return this letter together with your completed application as soon as possible in order to expedite the issuance of your license.

Complete item number(s): \_\_\_\_\_.

Submit a copy of your Certificate of Disability Insurance (DB-120.1 or DB-155 for covered employers or CE-200 for exempt businesses).

The company name on the Disability Insurance form must be the same as the company name on the license application.

Submit a copy of your Certificate of Worker's Compensation Insurance which provides coverage for work performed in New York State (C-105.2, CE-200, U-26.3, SI-12, GSI-12 or GSI-105.2). For further information, refer to your insurance broker or contact the Worker's Compensation Board, 180 Livingston Street, Brooklyn, NY 11248; telephone (800) 877-1373, or the web site at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

The company name on the Worker's Compensation Insurance form must be the same as the company name on the license application.

Responding "yes" to Question in #16 requires a detailed explanation.

The Worker's Compensation Board web site does not verify your worker's compensation and/or disability insurance coverage. Have your insurance carrier contact the Worker's Compensation Board at (866) 298-7830 to have the web site updated. After the web site is updated call this office at (518) 457-2735.

Supervisor's asbestos handler certificate has expired or the designated supervisor is not certified as an asbestos handler supervisor.

Submit a fee of \$ \_\_\_\_\_ in the form of a check, bank cashier's check or a postal or bank money order, made payable to the Commissioner of Labor with a copy of this notice.

You owe \$ \_\_\_\_\_ for: \_\_\_\_\_.

Payment must be made by certified check, bank cashier's check or a postal or bank money order. Make the check or money order payable to the Commissioner of Labor. If you have questions, please call:

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Have your partner(s) complete the enclosed GO-1 "Appendix to License."

Sign and date the application in the spaces provided.

Your application indicates that your company has an outstanding UI liability. From inside New York State, please contact the U.I. Liability Office at 1-800-456-1015. From outside New York State, please call 1-800-528-9126.

Please resubmit using the enclosed current application form.

Other: \_\_\_\_\_

If there are any questions, please contact the License and Certificate Unit at (518) 457-2735.

**Please return this letter with your completed application**