



Affidavit of Experience — Asbestos Supervisor Certification

(Completed by employer and signed in the presence of a notary)

1. This affidavit must be completed and signed by a current or past employer. This employer must be able to certify that the applicant has worked all or part of the required 1,600 hours in any of the categories listed below.
2. Applicants must complete the required and certified hours **before** they enroll in a Washington State 40-Hour Asbestos Supervisor 'Initial' Certification course.

Statement

I, _____ of _____ UBI or Washington Contractor License No. _____
Current/past employer able to certify hours worked below Name of company

affirm and certify that _____, _____
Name of applicant Asbestos Worker Certification number of any state or Social Security Number

has worked as my employee, performing asbestos-related work of the type indicated below.

Indicate hours the applicant worked in any of the qualifying work categories listed below

Use Time Period #2 if applicable. Use a separate page if there are more than two time periods.

Category of Work	Time Period #1	Time Period #2	Total Hours Worked
1. Asbestos abatement	<i>From:</i> <i>To:</i>	<i>From:</i> <i>To:</i>	
2. Asbestos project design	<i>From:</i> <i>To:</i>	<i>From:</i> <i>To:</i>	
3. Consultation on asbestos abatement projects	<i>From:</i> <i>To:</i>	<i>From:</i> <i>To:</i>	
4. Operations and maintenance program supervision. Specify skills that are transferable to asbestos removal work.	<i>From:</i> <i>To:</i>	<i>From:</i> <i>To:</i>	
5. Construction project supervision. Specify skills that are transferable to asbestos removal work.	<i>From:</i> <i>To:</i>	<i>From:</i> <i>To:</i>	
Total Number of Qualifying Hours (1,600 required)			

Signature — sign in the presence of notary.

I hereby certify that the information on this affidavit is true and accurate.

Signature of Employer Certifying Hours _____ Print Name of Employer Certifying Hours _____ Date _____

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp