



Department of Community Affairs
Division of Codes and Standards

Asbestos/Lead Safety Unit
P.O. Box 821
Trenton, NJ 08625-0821
(609) 633-6224

AST Re-Certification Application

AST Number: _____

NAME: _____ DATE OF BIRTH: _____
Last First MI Month/Day/Year

Social Security Number: _____ ****

Home Address Information

Street _____ Apt # _____

City _____

County _____

State _____

Zip Code _____

TELEPHONE _____ E-MAIL _____

Business Address _____

TELEPHONE _____ FAX _____

Submit this page completed on both sides, accompanied by two passport size photos, a photocopy of your current AST Card or other form of photo ID and a check or money order made payable to the Treasurer, State Of New Jersey. Please reference N.J.A.C. 5:23-8.10 for the correct non-refundable fee.

(OVER)

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

[] NO.

[] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

[] NO.

[] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

[] NO.

[] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Asbestos Safety Unit for the sole purpose of determining my eligibility for certification.

****PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.****

DATE _____ Signature of Applicant _____

Notary's Signature _____

DATE _____

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.

10.31.2017