

**Iowa Division of Labor
Asbestos Abatement**
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-281-6175
Fax: 515-725-2427
asbestos@iwd.iowa.gov
asbestos.iowa.gov

Respiratory Protection Form

FOR OFFICE USE ONLY

Date Received: _____

Asbestos License #: _____

Approved Denied

This form must be submitted with a contractor/supervisor or worker asbestos license application. Complete Part I and Part II. Send the original signed forms to the address above. **A photocopy will not be accepted.** The accuracy of this document may be verified by the Iowa Division of Labor. Falsification of any part of this form may result in criminal charges, denial of application, forfeiture of application fee, denial of future application and a civil penalty up to \$5,000.00. Please print legibly.

Part I

Applicant Information

Name	Date of birth	Phone number
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Respirator Information

Respirator name	Respirator model number
Respirator type	Respirator size

Part II

Fit Tester Information

Name	Company	Phone number	
Address	City	State	Zip
Fit test method used			

I certify that the above applicant has been successfully fit tested and is able to wear the above respirator. I certify that I am familiar with the OSHA procedures for fit tests found in 29 CFR 1926.1101, Appendix C, and followed those procedures while performing this fit test. I certify that the information on this form is true and accurate to the best of my knowledge.

Fit Tester Signature

Date

***The fit tester and applicant cannot be the same individual.**

Applicant Signature

Date