

New York State Department of Health Certificate of Asbestos Safety Training
This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. **999917**

I - To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID) ¹	
CHRISTODHER LYLE RAYMOND-CASTRO	477 296 595	
Signature of Trainee	Telephone Number	Date of Birth ¹
	(315) 643-0202	11/23/89
Address		
7851 STATE RT 298 - Apt 505		
(Street or PO Box)	(City)	(State) (Zip Code)
	KIRKVILLE	NY 13082

II - To be completed by Training Sponsor

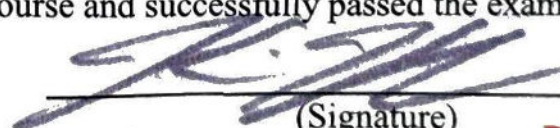
Provider's Name	Telephone Number
EAST Centers of NY	585-435-1881
Address	Course
1555 Lyell Ave, Suite 122	6707 BROOKLAWN PKWY
Rochester, NY 14606	Location:
Zip Code	SYRACUSE, NY 13211

Course Title: **CONT / SUPERVISOR** ☒ Initial ☐ Refresher ☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: **75 16-12-26**

Dates of Training: From: **6 / 8 / 26** To: **6 / 12 / 26** Expires: **6 / 12 / 27**

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: **Kevin Hutton** (Print)  (Signature)

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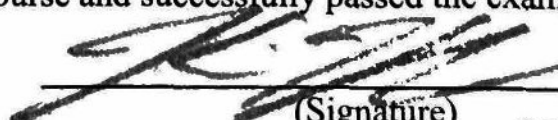
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Training Director²:

Kevin Hutton

(Print)



(Signature)

STUDENT

Division of Safety and Health
License and Certificate Unit
Harriman State Office Campus
Building 12, Room 161A
Albany, NY 12226

WE ARE YOUR DOL



www.labor.ny.gov
license&certificate@labor.ny.gov

Please do not write in this space

Bates # Lic. #
Check # Exp. Date:

Asbestos Handling Certificate Application

Apply Online: You can apply for this license online using the Management System for Protecting Workers' Rights (MPWR). This system speeds up the application process and makes information about applications readily available. Using MPWR, an applicant can:

- Submit their information, upload the required documentation, and pay online in one easy location.
- Receive real-time updates about their application.
- Select their preferred language.

To apply online, go to <https://dol.ny.gov/mpwr> and log in with your *personal NY.gov* account. If this is your first time applying online, click on "New Request," select "Asbestos," and click "Next." If you do not have a personal NY.gov account, select the option to "Create Account." If you experience problems creating your NY.gov account, or if you are unable to sign in to your NY.gov account, please call 1-800-833-3000 for assistance.

Apply on Paper: Use this paper form to apply for your Asbestos Certificate. The authority to collect this information is found in the New York State (NYS) Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health, License and Certificate Unit. Failure to provide this information may result in our inability to process your application.

Applicant Information

New ☒ Renewal ☐

NYS DMV license or ID number: 477 296 595 Date of birth: 11/23/88

First name: CHRISTOPHER Middle initial: K Last name: RAYMOND-CASTRO

Primary phone number: (315) 643-0202

Mailing address: 7851 St. Rt 298-Apt 505 City: KIRKVILLE State: NY Zip: 13082

DOH 2832 Certificate number(s): 999917

Asbestos Certification Requested

Check the box or boxes of each type of certificate for which you are submitting separate training documentation.

- | | | |
|---|---|--|
| ☐ A Asbestos Handler \$50 | ☐ D Inspector \$100 | ☒ G Supervisor \$75 |
| ☐ B Restricted Allied Trades \$50 | ☐ E Management Planner \$150 | ☐ H Project Monitor \$150 |
| ☐ C Air Sampling Technician \$75 | ☐ F Operations & Maintenance \$50 | ☐ I Project Designer \$150 |

Child Support Certification

Are you under an obligation to pay child support?

☐ Yes ☒ No

If yes, complete items 1 - 4.

- | | | |
|---|------------------------------|-----------------------------|
| 1. I am making payments in accordance with a plan agreed upon by the parties. | ☐ Yes | ☐ No |
| 2. I am four months or more behind in the payment of child support. | ☐ Yes | ☐ No |
| 3. My child support obligation is the subject of a pending court proceeding. | ☐ Yes | ☐ No |
| 4. I am receiving public assistance or supplemental security income. | ☐ Yes | ☐ No |

Note: If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional, and/or driver licenses.

Acknowledgement

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I agree to provide any additional documentation requested by the department.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo .
 - I understand my DMV photo will be used for all future license and certificate ID cards.
 - I understand the DOL will send my ID card to the mailing address given above.

Applicant's signature: _____

Date: 6/12/26

Print name: CHRISTOPHER LYLE RAYMOND-CASTRO

Do not write in the area below. For office use only

☐ Approved ☐ Disproved Reason: _____

Date: _____

A	A	B	C	D	E	F	G	H	I
E	A	B	C	D	E	F	G	H	I

Expires date: _____ By: _____