



**Pre-demolition Building Inspector Registration Form**  
 Water Quality and Hazardous Waste Bureau, Environmental Health Division  
 788 East Woodoak Lane; Murray, UT 84107  
 Phone: 385-468-3862; Fax: 385-468-3863

**Section 1: Applicant Information**

Last Name _____	First Name and Middle Initial _____	Phone Number _____
Mailing Address _____	City _____	State _____ ZIP Code _____
Email Address _____	Utah State Asbestos Certification Number _____	

**Section 2: Employer Information**

Self-employed?  Yes  No

Employer Name _____	Phone Number _____
Mailing Address _____	City _____ State _____ ZIP Code _____
Email Address _____	Utah State Asbestos Certification Number _____

**Section 3: Second Employer Information**

Self-employed?  Yes  No

Employer Name _____	Phone Number _____
Mailing Address _____	City _____ State _____ ZIP Code _____
Email Address _____	Utah State Asbestos Certification Number _____

I hereby certify that the information provided in this application is complete, accurate, and true to the best of my knowledge. I further certify that I will comply with all requirements set forth in Salt Lake County Health Department Regulation #1, Section 4.4.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH DEPARTMENT USE ONLY**

Date received _____	Invoice # _____	Expiration Date _____	PBI- Reg. # _____
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