



Dedicated to protecting and improving the health and environment of the people of Colorado

**Air Monitoring Specialist Candidate
 On-The-Job Experience Form**

CANDIDATE

OBSERVING/SUPERVISING AMS

Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
SSN		AMS Cert. #	
Phone		Phone	

A. 2 to 10 final visual clearances performed under the direct observation of the state-certified AMS:

Permit Number/Contractor	Date of Visual Clearances	Material and Quantities Abated	AMS Initials
1.			
2.			
3.			
4.			
5.			

Please attach additional sheets for documentation as necessary.

B. 2 to 10 final air clearances performed under the direct observation of the state-certified AMS:

Permit Number/Contractor	Date of Final Air Clearances	Material and Quantities Abated	AMS Initials
1.			
2.			
3.			
4.			
5.			

Please attach additional sheets for documentation as necessary.

C. 80 to 400 hours of ambient/MAAL asbestos air monitoring performed under the direct supervision of the state-certified AMS:

Permit Number/Contractor	Hours/Type of Air Monitoring	Material and Quantities Abated	AMS Initials
1.			
2.			
3.			
4.			
5.			

Please attach additional sheets for documentation as necessary.

Candidate: *I certify that I have performed the above requirements for on-the-job experience.*

Observing/Supervising AMS: *The candidate has satisfactorily met the above requirements for on-the-job experience.*

Signature	Date	Signature	Date

FOR APCD USE ONLY	
Date Received:	
Approved By:	

