



1000800 SP 0864 -C01-P00802-1



**INTERNATIONAL ASBESTOS REMOVAL INC**  
119 COOPER ST  
BABYLON NY 11702-2319

Dear INTERNATIONAL ASBESTOS REMOVAL INC,

Attached you will find your validated license for the coming year. Should you have any questions about your license renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

MANISHA JUTHANI, MD, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH


EMPLOYER'S COPY

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

NAME  
INTERNATIONAL ASBESTOS REMOVAL INC

VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
03-265242	000924	05/31/27

PROFESSION  
ASBESTOS CONTRACTOR

SIGNATURE  MANISHA JUTHANI, MD, COMMISSIONER

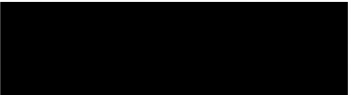
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A  
**ASBESTOS CONTRACTOR**

INTERNATIONAL ASBESTOS REMOVAL INC

LICENSE NO.	000924
CURRENT THROUGH	05/31/27
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SIGNATURE  MANISHA JUTHANI, MD, COMMISSIONER

**INSTRUCTIONS:**

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.


WALLET CARD

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

NAME  
INTERNATIONAL ASBESTOS REMOVAL INC

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PROFESSION  
ASBESTOS CONTRACTOR

SIGNATURE  MANISHA JUTHANI, MD, COMMISSIONER

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