

## ABRA Certification Renewal Information Form

[www.americanbiorecovery.org](http://www.americanbiorecovery.org)

**Contact Information** - Please print clearly. If the information cannot be read, it will delay processing

Ph: 888-979-2272

This is the ABRA Official Universal CBRT, CBRS and CBRM Renewal Application and Affidavit.

Online Payment of the Non Refundable Annual Renewal Fees are required

All Technicians must fill out the application and sign the affidavit.

First Name:	Last Name:
Business Name:	
Business Address:	
City:	Technician/CBRT #:
Postal/Zip Code:	
URL:	
Address Line 2:	
State/Province/Region:	
Country/Region:	

If there are changes to your Certification information, updates and all relative materials are specific to you, (the individual) not the company you work for. It is your responsibility to inform ABRA of information changes. Email updates to:

[abratechcertrenewals@americanbiorecovery.org](mailto:abratechcertrenewals@americanbiorecovery.org)

Home Address:
Address Line 2:
City:
State/Province/Region:
Postal/Zip Code:
Country/Region:

Certification	Annual Renewal Fees	Annual Renewal Requirements (Affidavit Must Be Provided)
<a href="#">CBRT</a> (Required)	<a href="#">\$50.00</a>	<input type="checkbox"/> Annual Blood Borne Pathogen (3 <sup>rd</sup> Party Signature) Certificate; <input type="checkbox"/> 10 Hours of CEU documents in Bio-Recovery Remediation, OSHA or Industry training
<a href="#">CBRS</a>	<a href="#">\$50.00</a>	<input type="checkbox"/> Annual Blood Borne Pathogen (3 <sup>rd</sup> Party Signature) Certificate; <input type="checkbox"/> 15 Hours of CEU documents in Bio-Recovery Remediation, OSHA or Industry training
<a href="#">CBRM</a>	<a href="#">\$75.00</a>	<input type="checkbox"/> Annual Blood Borne Pathogen (3 <sup>rd</sup> Party Signature) Certificate; <input type="checkbox"/> 25 Hours of CEU documents in Bio-Recovery Remediation, OSHA or Industry training CBRM Requires \$75.00 renewal payment consistently for 3 years. On the 3 <sup>rd</sup> year, a renewed affidavit attesting all training related to CBRM Bio Recovery knowledge and skills is current.

This designation (once renewal is completed) entitles you to use the ABRA Certification Logo and the title of the applicable ABRA Certification only for as long as your certification is current. Membership in ABRA is separate, and entitles you and/or your company to additional benefits.

Please check here if you are interested in receiving membership information for you or your company Yes ☐ No ☐

AFFIDAVIT	AGREED (Initial)
I am aware and abide by all governmental regulations regarding asbestos, lead and other hazardous materials.	
I agree to comply with the ABRA Code of Ethics and the ABRA complaints and appeals process, and pledge myself to the highest standards.	
I agree to restrict the use of my Certification to the activities for which the certification has been granted.	
I agree to refrain from using the Certification in such a manner as to bring ABRA into disrepute	
I agree to refrain from making any statements regarding the Certification which ABRA may consider misleading or unauthorized.	
I understand that the certificate remains the property of ABRA.	
I agree to discontinue the use of all claims to the certification in the event that it is suspended or withdrawn and return to the certificate promptly to ABRA.	
<b>CBRT</b> - I am in possession of current OSHA documentation or international equivalent required to maintain my certification. Including 10-hours of Continuing Education. OSHA Bloodborne Pathogens Cert according to <a href="#">CFR-1910.1030</a> and <a href="#">OSHA 10Hr or 30 Hr General Construction or General Industry Training</a> .	
<b>CBRS</b> - I am in possession of current OSHA documentation required to maintain my certification. Including 15-hours of Continuing Education OSHA Bloodborne Pathogens Cert according to <a href="#">CFR-1910.1030</a> , <a href="#">OSHA 10Hr or 30 Hr General Construction or General Industry Training</a> and <a href="#">OSHA HAZWOPER OSHA 1910.120</a> .	
<b>CBRM</b> - I am in possession of current OSHA documentation or international equivalent required to maintain my certification. Including 25-hours of Continuing Education. OSHA Bloodborne Pathogens Cert according to <a href="#">CFR-1910.1030</a> , <a href="#">OSHA 10Hr or 30 Hr General Construction or General Industry Training</a> , <a href="#">OSHA HAZWOPER OSHA 1910.120</a> and <b>I am still current with my other third party credential on file.</b>	
By signing this Affidavit, I understand that lack of maintaining these requirements is a violation of ABRA's Ethics and Code of Conduct and that I could be asked at anytime to produce such documents if inquired to do so. If any discrepancies are found from a request to produce documents as proof and/or if there is a lack of cooperation from the certificate holder, this will result in the suspension of my certification and individual or company membership.	
I affirm that I understand the statements above regarding keeping my information current with ABRA, the use of ABRA Logo, Certification language terms and all renewal requirements.	
I agree to indemnify and hold ABRA harmless and all its agents and employees from and against any liability whatsoever in connection with this application.	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_