



American Bio Recovery Association

300 New Jersey Ave 300 New Jersey Avenue NW

Suite 900 PMB #9031

Washington, DC 20001

Ph: 888-979-2272

ABRA Official Certified Bio Recovery Supervisor (CBRS) Application

ABRA Certified Technician ID # (required): * The CBRT is a prerequisite

| | |
|--------|------------------|
| CBRT#: | Expiration Date: |
|--------|------------------|

The CBRS is a Supervisory level credential that enforces the values in the CBRT and demonstrates diversified industry expertise.

Prerequisites to sit for the 100 question exam (85 Or Better Score)

5+ years in a CBRT role

Or

A minimum of a 2-Year post-secondary degree or its equivalent (15 Credit Hours) In Engineering, Architecture, Environmental Science/Biology, Public Health, Industrial Hygiene or related field Of science

And

Minimum of three (3) years of documented field experience in bio-recovery / infection control remediation.

29 CFR 1910.120 HAZWOPER - Or equivalent CBRNE training (CURRENT)

Blood borne Pathogen standard 29 CFR 1910.1030 training (CURRENT)

Three projects the individual oversaw demonstrating the problems encountered and how they were handled in the bio-recovery field. This is to include a brief paragraph explaining the issues or peril and how corrective action was implemented.

****INTERNATIONAL REQUIREMENTS:**

*Applicants outside of the USA **must** submit: HAZWOPER lecture or equivalent CBRNE Training.*

**HAZWOPER, OSHA 10 and Blood Borne Pathogens. Training is available through a variety of online vendors.*

Maintenance – Recertify every year by Attending ABRA Approved Conferences and Seminars.

15 CE Credits/Year

Page **1** of **4** Application is to be filled out and submitted along with all required documentation to:

CertApplications@americanbiorecovery.org



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| | |
|-------------------|------------------------|
| First Name: | Last Name: |
| Business Name: | URL: |
| Business Address: | Address Line 2: |
| City: | State/Province/Region: |
| Postal/Zip Code: | Country/Region: |

Certification information, updates and all relative materials are specific to the individual, not the company you work for. It is your responsibility to inform ABRA of information changes. Email updates to: abratechcertrenewals@americanbiorecovery.org

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

**Your initial CBRS certification may expire in less than 1 year. All Certifications expire June 30th of each year. Reminders with the annual CBRS renewal fee invoices are sent 30 days prior to expiration. *A current CBRT status is required to maintain the CBRS Certification.*

Additionally, the CBRS annual renewal requires payment of \$50.00. Blood Borne Pathogen training documentation, 10 Hours of documented CEU training related to bio-recovery industry knowledge and skills.

CBRS Fees, like the ABRA Certification Technician (CBRT) renewal fees are non-refundable. If in the event the CBRS holder fails to provide the required payment and documentation within 30 days of the payment date; The certification status shall be set to inactive. (This is applicable to CBRT and CBRS)

Once applicants are approved, the certification entitles use of the ABRA CBRS Logo and the title of ABRA Certified Bio Recovery Supervisor (CBRS) only for as long as the 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 ___

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I affirm that I understand the statements above regarding keeping my information current with ABRA, the use of ABRA Logo, CBRS language terms and all renewal requirements.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

ABRA Application for CBRS - Certification Checklist

Please be sure you have all of this in order prior to applying for your Certification.

1. ABRA CBRS Application Completely filled out and non-refundable [application fee paid](#).
2. [ABRA CBRT Training Certificate](#) – (Current)
5 years as an ABRA Tech or 40-hr course equivalent (Current)
or submit requirement 6. (Currently Grandfathering all ABRA CBRTs that are current and can demonstrate 5 years of industry related experience with a resume or 3rd party affidavit.)
3. [OSHA 40-Hr HAZWOPER Certificate or 8-hr refresher certificate](#) or CBRNE/NFPA Equivalent (Current) (First signatures are not permitted).
Applicants from outside of the United States or in countries with out their own equivalent standards can take the On-Line Lecture portion of the HAZWOPER to satisfy the requirement.
4. OSHA - [Bloodborne Pathogens Certificate](#) (Current) (First signatures are not permitted).
5. OSHA – 10-Hr or 30Hr [Construction or General Industry Certificate](#) (Current) (First signatures are not permitted).
6. A. Copy of your college or university transcripts. (If applicable) 2-year post-secondary degree or its equivalent (15 credit hours) in engineering, Environmental Science/Biology, Public Health, Industrial Hygiene or related field of science
B. Signed third party Affidavit or personal resume demonstrating 3 years of related project experience. (Only applicable if 6 is required).
7. Three Projects - Three projects the individual completed that has showed knowledge, training and leadership in the bio recovery field. This is to include a brief paragraph explaining the issues or peril and how corrective action was implemented.

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| AFFIDAVIT | AGREED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 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 CBRS to the activities for which the certification has been granted. | |
| I agree to refrain from using the CBRS in such a manner as to bring ABRA into disrepute | |
| I agree to refrain from making any statements regarding the CBRS which ABRA may consider misleading or unauthorized. | |
| I understand that the CBRS 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 ABRA the CBRS certificate promptly to ABRA. | |
| I understand that the application/exam fee is non refundable. | |
| 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, the CBRS examination and/or the granting of or failure to grant certification. | |

Applicant Signature: _____ Date: _____

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