



ABRA ACTIVE MEMBER APPLICATION

300 New Jersey Avenue NW Suite 900 PMB #9031 Washington, DC 20001 Ph. 888.979.2272

Name & Title	
Company Name	
Street Address	
City, State, Zip/Postal Code	
Company Phone #	
Cell Phone #	
Email Address	

Active Membership:

Non-refundable application processing fee: \$100.00 Applicable to all active membership applications

Annual Dues: \$400.00

Mid Year July – December Annual Dues: \$200.00

*ALL Active memberships are renewable January 01 of each year at the full year membership rate of \$400.00

Active Members are companies, corporations, firms, partnerships and proprietorships, who are actively providing bio-recovery services. Please complete application pages 1 & 2 and submit the required Affidavit. AMERICAN BIO-RECOVERY ASSOCIATION (ABRA) Active Membership Applications must be filled out completely and emailed along with a scanned copy of the required documentation to: executivedirector@americanbiorecovery.org

Where did you Hear about the American Bio Recovery Association (ABRA)? _____

Our Policy: Membership in ABRA requires that the member will subscribe and agree to abide by ABRA's Code of Ethics and Bylaws, as they are now, or as they may be amended and all Rules, Regulations and/or Policies that are now in effect or may be approved and adopted by the membership or the Board of Directors. Members also agree to meet financial obligations promptly as they become due.

Active Membership application requirements include: An Affidavit attesting to the company's compliance with a written BBP Exposure Control Plan, Evidence of BBP Training, Respiratory Protection Plan, Hazard Communications Plan, Certificate of Insurance (COI) meeting the stated requirements, medical waste disposal agreement, Proof of existence as a legal business (i.e. occupational, city or county license or state corporation registration, tax number registration) and company work experience as well as completion of the following:

Please list all Certifications (HAZWOPER, HAZWOPER Supervisor, Asbestos, Lead, Mold, other) held by principals and employees. Include a listing of any fines or penalties assessed by any state or federal agency to applying company (under this application name or any other name) or any company in which a principle of the applying company was an office, partner or owner:

* According to ABRA Bylaws and Code of Ethics, You must abide by all International, Federal, State, and local laws. All locations must be listed as a licensed medical waste Generator / Transporter If required by your municipality or state, county or other International jurisdiction. Required Affidavit of documentation and acknowledgements must be submitted with this application.



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AFFIDAVIT	Initials/Signature
I affirm that the company listed above now has, or will have within 6 months of the date of this application at least 1 ABRA Certified Technician (CBRT) on staff at ALL times.	
Provide the current CBRT number or date of training:	
I understand that any false statements could result in revocation of membership without refund.	
I hereby agree that the company listed above will observe and abide by the ABRA Code of Ethics	
I affirm that the company listed above holds all required permits and licenses required to conduct bio-recovery in the service area.	
I affirm that the company has not had any citations from a regulatory agency during the last (3) years.	
I affirm that the company has regularly scheduled, documented employee safety meetings, onsite tailgate/toolbox safety meetings and the documents are available for review upon request.	
I affirm that a copy of the company's current Business Registration with claimed Jurisdiction(s) is available for review.	
I affirm that the company listed above holds a current Blood Borne Pathogen Exposure Control Plan to comply with CFR 1910.1030	
I affirm that the company carries a current Insurance to meet ABRA's requirements and Copy of the Certificate of Insurance is available for review.	
I affirm that a Copy of the Medical / Infectious Waste Generators/Transporters License and/or agreement with a Medical / Infectious waste transportation and/or disposal firm is current at all times.	
By signing this application the undersigned principal or authorized officer agrees to abide by the ABRA Code of Ethics and Bylaws. In addition, you are agreeing to have an ABRA Certified Technician within an hour of each claimed location. Your claimed locations will be listed on the ABRA Member locator on the ABRA website. www.americanbiorecovery.org	
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.	

Principal or Authorized Officer Signature

Date

Print Name and Title

Date

It is the policy and commitment of American Bio Recovery Association that it does not discriminate on the basis of race, age, color, religion (creed) gender, gender expression, national origin, physical or mental disability, marital status, sexual orientation, or military status in any of its activities or operations or otherwise. Any member, volunteer or client who believes that s/he or any other affiliate of American Bio Recovery Association has been discriminated against is strongly encouraged to report this concern promptly to the Executive Director.