



VIDYA N. TRIVEDI  
RELIANCE ENVIRONMMNETAL LLC  
11 OLD FARM RD  
WOODBIDGE CT 06525-2400



Dear VIDYA N. TRIVEDI,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate 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  
VIDYA N. TRIVEDI

VALIDATION NO. 03-172600	CERTIFICATE NO. 000032	CURRENT THROUGH 03/31/26
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PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

*Vidya N. Trivedi*

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 CERTIFIED  
BY THIS DEPARTMENT AS A  
ASBESTOS CONSULTANT-PROJECT MONITOR

VIDYA N. TRIVEDI	CERTIFICATE NO. 000032
	CURRENT THROUGH 03/31/26
	VALIDATION NO. 03-172600

*Vidya N. Trivedi*

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  
VIDYA N. TRIVEDI

VALIDATION NO. 03-172600	CERTIFICATE NO. 000032	CURRENT THROUGH 03/31/26
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PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

*Vidya N. Trivedi*

SIGNATURE MANISHA JUTHANI, MD, COMMISSIONER