

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
REGULATORY SERVICES BRANCH**

Re: Robert Bertollette
License No.: 000048

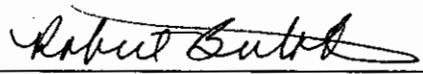
Petition No. 2008-0225-042-001

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Robert Bertollette, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as an asbestos consultant project monitor. I presently hold license number 000048.
4. I hereby voluntarily surrender my license to practice as an asbestos consultant project monitor in the State of Connecticut and agree to pay a civil penalty of one thousand dollars (\$1,000) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed affidavit to the Department.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2008-0225-042-001 shall be deemed true. In addition, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2009-0506-042-002 shall be deemed true. I further understand that any application described above must be made to the Department which shall have absolute discretion, as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Numbers 2008-0225-042-001 and 2009-0506-042-002 are public documents, and I am executing this affidavit in settlement of the allegations contained in Petition Numbers 2008-0225-042-001 and 2009-0506-042-002.
8. I understand that this surrender of my license is a reportable event and is public information.

9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition Numbers 2008-0225-042-001 and 2009-0506-042-002.
10. I understand that I have the right to consult with an attorney prior to signing this affidavit.
11. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
12. I understand that the purpose of this agreement is to resolve the pending matters against my license and is not intended to affect any claim of civil liability that might be brought against me.
13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

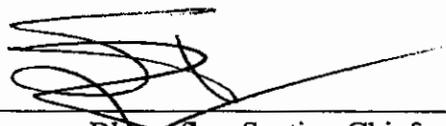


 Robert Bertolette

Subscribed and sworn to before me this 19th day of May 2009.



 Notary Public
 Commissioner of Superior Court

Accepted: 

 Suzanne Blascaflor, Section Chief
 Environmental Health Section
 Regulatory Services Branch

Date May 19, 2009

s:lif/Bertolette2/Voluntary