



**MONTANA ACCREDITATION APPLICATION
ASBESTOS RELATED OCCUPATIONS**

DEQ USE ONLY	ORG	ACCT	FUND
	574833	502701	02202
Fee Paid By: _____			
Amount Paid: _____			
Check Number: _____			
Receipt Number: _____			
Date Approved: _____			
Date Recorded: _____			
Date Denied: _____			

Applicant's Name
Please Print or Type

_____ (Last Name) _____ (First Name) _____ (Middle Initial) _____ (Suffix)

_____ (Employer Name)

_____ (Employer or Primary Mailing Address)

_____ (City) _____ (State) _____ (Zip) _____ County

_____ (Primary Telephone Number) _____ (E-Mail Address)

Comments

For **Original** and **Renewal** applications, please check appropriate boxes for occupations that you are seeking annual accreditation **and complete** the Course Date(s) and Course Provider(s) information. **Renewals please provide MTA Number.** Incomplete applications will be returned.

Mail Accreditation License To: Self Employer* Both *If Employer mailing address and primary mailing address are different, enter employer address in Comments

Application		Asbestos Accreditation	Base Fee ¹	Additional Fee	Course Completion Date	Course Provider	Course Certificate Number	ID Number (DEQ Assigned for new applicants)	
Original	Renewal								
<input type="checkbox"/>	<input type="checkbox"/>	Inspector	<input type="checkbox"/> \$170	<input type="checkbox"/> \$35				MTA-	IN
<input type="checkbox"/>	<input type="checkbox"/>	Management Planner	<input type="checkbox"/> \$170	<input type="checkbox"/> \$35				MTA-	MP
<input type="checkbox"/>	<input type="checkbox"/>	Project Designer	<input type="checkbox"/> \$170	<input type="checkbox"/> \$35				MTA-	PD
<input type="checkbox"/>	<input type="checkbox"/>	Project Contractor/Supervisor	<input type="checkbox"/> \$170	<input type="checkbox"/> \$35				MTA-	CS
<input type="checkbox"/>	<input type="checkbox"/>	Project Worker	<input type="checkbox"/> \$ 45	<input type="checkbox"/> \$15				MTA-	WK

NOTE: MAXIMUM FEE:

1. **\$325 (\$395 for out-of-state Non-Montana approved courses) fee if applying for two or more accreditations on the same application with Montana (EPA) Approved Course Providers.**

I hereby certify that all submitted information is true and correct, and that I am familiar with all applicable accreditation requirements

_____ (Signature) _____ (Date)

I give my authorization to the Department of Environmental Quality to include my name, address, and phone number on a list of asbestos-related occupations, to be released to the public, by signing below.

_____ (Signature) _____ (Date)

The time estimated by the Department to process and make a determination on a complete Asbestos-Related Occupation Accreditation Application is five working days.

DO NOT RETURN THIS PAGE IF PRINTED SEPARATELY

ACCREDITATION APPLICATION CHECKLIST
(Keep this page for your records: DO NOT FAX THIS APPLICATION)
 Questions? Call (406) 444-5300

NOTE: DO NOT STAPLE CHECK AND PAPERWORK.

A. FIRST-TIME IN-STATE APPLICANTS need to include:

- 1. A completed and signed application form.
- 2. A copy(ies) of your initial course certificate(s) from an EPA- or Montana-approved course provider (see Montana list below).
- 3. The appropriate base fee of \$45.00 for workers or \$170.00 for **EACH** of the other occupations. (Fee is \$325 (\$395 for non-MT approved courses) if submitting two or more accreditations on the same application. \$170 for the first; \$155 for the second; for non-MT approved course \$205 for the first; \$195 for the second.)
If you completed the initial course(s) from one of the Montana-approved course providers in Table 1 below, the additional fee (No. A.4.) does not apply.
- 4. **ADDITIONAL FEE:** If you completed the initial course(s) from a course provider **OTHER THAN** those listed as approved in Table 1 below, then you must pay the additional fee of \$15.00 for workers or \$35.00 for EACH of the other occupations applied for.

B. FIRST-TIME OUT-OF-STATE CARD HOLDERS seeking initial certification in Montana include:

- 1. A completed and signed application form.
- 2. A copy of your initial course certificate for each accreditation being applied for from an EPA- or Montana-approved course provider (see Montana list below).
- 3. Copy(ies) of all of your refresher course certificate(s) for each accreditation being applied for (must be EPA or Montana-approved course(s)).
- 4. Copy of your current out-of-state accreditation card.
- 5. The appropriate fee of \$45.00 for workers or \$170.00 for **EACH** of the other occupations and additional fee if required by Part A.4. above).

C. IN-STATE AND OUT-OF-STATE CARD HOLDERS SEEKING RENEWAL OF A MONTANA ACCREDITATION include:

- 1. A completed and signed application form.
- 2. Copy(ies) of all your current refresher course certificate(s) for each accreditation being applied for. **However**, if you have allowed your refresher training to lapse, you must follow Part A above.
- 3. The appropriate fee of \$45.00 for workers or \$170.00 for **EACH** of the other occupations and additional fee if required (see Part A.4. above).

TABLE 1

MONTANA APPROVED COURSE PROVIDERS		C/S	Ins	MP	PD	Worker
(406) 227-8243	Asbestos Consulting & Monitoring (ACM)	R	R	R	R	R
(406) 461-4037	ALM Consulting	I/R	R	-	-	-
(877) 782-4588	BCI Consulting	I/R	I/R	I/R	I/R	-
(406) 452-3321	CTA Construction & Environmental LLC	R	I			
(406) 442-9964	Laborers AGC Program of Montana	-	-	-	-	I/R
(208) 818-0455	Micrist	-	I/R	-	-	-
(509) 924-9236	Mountain States Consulting	I/R	-	-	-	I/R
(406) 549-8067	Montana State Council of Carpenters	-	-	-	-	I/R
(406) 443-3369	Northern Industrial Hygiene	I/R	I/R	I/R	I/R	I/R
(406) 656-3072	Terracon	I/R	I/R	-	-	R
(406) 248-9161	Tetra Tech Inc.	I/R	I/R	R	-	I/R
(406) 441-4000	WTR Consulting Engineers	I	I/R	-	-	-

NOTE: It is important that you use the address below in order to ensure timely processing of your application. Not using the address below may result in processing delays of your application.

Make checks payable to:

Montana Department of Environmental Quality

Mail items to:

Asbestos Control Program
 Department of Environmental Quality
 1520 E 6th Ave
 P.O. Box 200901
 Helena, MT 59620-0901