



**MONTANA APPLICATION FOR  
ASBESTOS TRAINING COURSE APPROVAL**

\_\_\_\_\_ (Applicant – Registered Business Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Contact) \_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Fax Number)

**DEQ USE ONLY**

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

Check Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Effective Date \_\_\_\_\_

Evaluation Date \_\_\_\_\_

Initials \_\_\_\_\_

<b>ORG</b>	<b>ACCT</b>	<b>FUND</b>
<b>574836</b>	<b>502703</b>	<b>02202</b>

**Course Director:** \_\_\_\_\_

**1. Title of Course**  
(Please check course to be approved)

<b>Occupation</b>		<b>Course Type</b>			
<input type="checkbox"/>	Contractor/Supervisor	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Inspector	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Management Planner	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Project Designer	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Worker	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher

**2. Type of Application:** (Please check appropriate box)  
 Original Course Approval Fee: ..... \$1100.00

- 3. Please provide the following:** (Please check if provided)
- 1. A detailed curriculum outline.
  - 2. A copy of the course examination.
  - 3. A copy of all written course materials.
  - 4. A list of titles for all audio/visual course materials and, where possible, hard copy for all visual materials.
  - 5. A copy of an unused or blank certification of satisfactory completion form.
  - 6. A list of instructors and documentation of the instructor's qualifications, including accreditation number.
  - 7. A description of hands-on training to be used in the course.
  - 8. A course schedule indicating time allotted and the instructor for each subject.
  - 9. Documentation of EPA course approval or other states approval, if applicable.
  - 10. A listing of scheduled courses including dates, times, and locations. DEQ must be notified of course dates 10 working days prior to course offerings.
  - 11. Documentation of examination security.

**MAIL TO:** Montana Department of Environmental Quality  
 Waste & Underground Tank Management Bureau  
 Asbestos Control Program  
 1520 East 6th Ave  
 P.O. Box 200901  
 Helena MT 59620-0901

Telephone: (406) 444-5300

*The time estimated by the department to process and make a determination on a complete application for Asbestos Training Course Approval is 45 calendar days.*