

Waste & Underground Storage Tank Management Bureau ● Asbestos Control Program ● P.O. Box 200901 ● Helena MT 59620-0901 ● (406) 444-5300

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Mail Accreditation License To: Self Semployer* Both "Hemployer mailing address and primary mailing address are different, enter employer address in 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 with the initial course or most recent refreshers course information. Renewal splease provide MTA Number. Incomplete applications will be returned. Application Asbestos Accreditation Base Fee! Additiona I Fee? Course Provider Course Completion Date Number (DEO Assigned for new applicants) Asbestos Accreditation Signed for new applicants of new applicants o				,	• /	DEQACPONLINE	@MT.GOV				
Mail Accreditation License To: Self Semployer* Both "It Employer mailing address and primary mailing address are different, enter employer address in 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 with the initial course or most recent refreshers course information. Renewals please provide MTA Number. Incomplete applications will be returned. Application Asbestos Accreditation Base Fee¹ Additiona I Fee² Course Provider Course Completion Date Number (DEC) Assigned for new applicants) Additional I Fee² Course Provider Date (Number One) (DEC) Assigned for new applicants) Additional I Fee² Course Provider (Dec) Additional I Fee² (Dec) Assigned for new applicants) Additional I Fee² (Dec) Assigned for new applicants (Dec) A				_		(E-Mail Address)					
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 with the initial course or most recent refreshers course information. Renewals please provide MTA Number. Incomplete applications will be returned. Application Asbestos Accreditation Base Fee Additiona Fee Provider Course Provider Course Completion Course Certificate Number DIA Number Date DIA Number Date Date Date Date Date Date Date DIA Number Date Date	Comm	ents									
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Inspector \$170 \$35 TERRACON 12/1/2012 012012012-007 MTA- IN MANAGEMENT Planner \$170 \$35 MTA- MP MTA- PD Project Designer \$170 \$35 MTA- PD MTA- PD Project Contractor/Supervisor \$170 \$35 MTA- CS MTA- WK MTA- WK MTA- WK MAXIMUM APPLICATION FEE: \$325 fee if applying for two or more accreditations on the same application with Montana-approved Course Providers (\$395 for AHERA courses approved by other states). 2. See Montana-approved Course Providers (http://deq.mt.govPublic/asbestos/acpMTApprvdProviders) for a list of Montana-approved course providers. If course provider is not listed, additional fee is due. I hereby certify that all submitted information is true and correct, and that I am familiar with all applicable accreditation requirements. 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.			Asbestos Accreditation	Base Fee ¹		Course Provider			Number (DEQ A		signed for
Project Designer \$170 \$35 MTA- PD			Inspector	\$170	□ \$35	TERRACON		12/1/2012	012012012-007	•	•
Project Contractor/Supervisor \$170			Management Planner	\$170	□ \$35					MTA-	MP
Project Worker \$ 45 \$15			Project Designer	\$170	□ \$35					МТД-	PD
1. MAXIMUM APPLICATION FEE: \$325 fee if applying for two or more accreditations on the same application with Montana-approved Course Providers (\$395 for AHERA courses approved by other states). 2. See Montana-approved Course Providers (http://deq.mt.govPublic/asbestos/acpMTApprvdProviders) for a list of Montana-approved course providers. If course provider is not listed, additional fee is due. I hereby certify that all submitted information is true and correct, and that I am familiar with all applicable accreditation requirements. 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. I live 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. I live 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)										IVI 17 X	
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The time estimated to process and make a determination on a complete Ashestos-Related Occupation Accreditation Application days	1. 2.	MAXIMU approve See Morlisted, a	Project Worker JM APPLICATION FEE: \$325 fee ed by other states). Intana-approved Course Provider dditional fee is due. It all submitted information is true a	\$ 45 if applying for s (http://deq.n	two or more ant.govPublic/a	liar with I give my author phone number	lers) for a list of Mon	tana-approved course particles	providers. If course	MTA- MTA- HERA count provider is	WK rses s not