



**Training course approval applications are only accepted October 01 to November 15 and must include fee**

**MONTANA APPLICATION FOR ASBESTOS TRAINING COURSE APPROVAL**

DEQ USE ONLY		
Date Received	_____	
Amount Received	_____	
Receipt Number	_____	
Check Number	_____	
<b>ORG</b>	<b>ACCT</b>	<b>FUND</b>
<b>494836</b>	<b>502703</b>	<b>02202</b>

\_\_\_\_\_  
*Applicant – Registered Business Name*                      Course Director signature:

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

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

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

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

*Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I certify that the training described in this submission complies with all applicable requirements of title II of TSCA, 40 CFR part 763, Appendix C to subpart E, as revised, and any other applicable Federal, state, or local requirements.*

*Release training approval status to Public?*  
 Circle choice  
 Yes                      No

**1. Title of Course**  
*(Check **ONLY** one discipline and one course type per application)*

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

**2. Type of Application:** *(Please check appropriate box)*

Original Course Approval Fee: ..... \$2,000.00

Renewal fee for each Initial course type.....\$300.00

Renewal fee for each Refresher course type... \$200.00

**3. Please provide the following:** *(Please check if provided)*

1. A detailed curriculum outline

2. A copy of the course examination (do not send electronically).

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 proposed 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. Documentation of examination security.

**MAIL TO:** Montana Department of Environmental Quality  
 Waste & Underground Tank Management Bureau  
 Asbestos Control Program  
 1520 East 6<sup>th</sup> Ave  
 P.O. Box 200901  
 Helena MT 59620-0901 Telephone: (406) 444-5300

**E-MAIL TO:**  
 DEQACPOLINE@MT.GOV  
**No Course Examinations**

Last Update: 07/24/2020 ALL PREVIOUS FORMS OBSOLETE